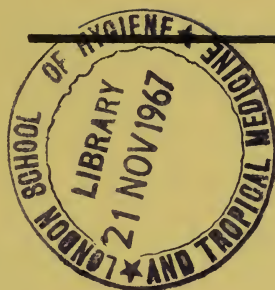


AC. 458

FLINTSHIRE
COUNTY COUNCIL

EDUCATION
COMMITTEE



REPORT

on the work of the

Flintshire School

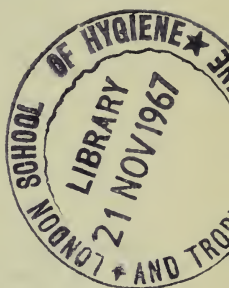
Health Service

in relation to the year

1966

FLINTSHIRE COUNTY COUNCIL

EDUCATION COMMITTEE




REPORT

on the work of the

Flintshire

School Health Service

1966



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INTRODUCTION

COUNTY HEALTH OFFICES,
M O L D.

To the Chairman and Members of
the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

With the growth in the population of the County there is a comparable growth in the number of school children and in 1966 there were 27,708 children in schools compared with 26,966 in 1965. There has been a steady growth over the past ten years in the school population of this county and this has presented problems particularly as regards overcrowding of schools, particularly primary schools. Overcrowding from a health stand point results in a higher incidence of infectious illnesses and the School Health Department has been particularly concerned with the problem in recent years and particularly so in 1966.

Two important steps were taken to tackle the problem (1) increasing the acceptance of protective immunisation and vaccination and a note on the importance of B.C.G. vaccine against tuberculosis appears in the report. (2) Introduction into all schools of warm water for hand washing and continuous towelling cabinets. Extensive experiments were carried out in school to ascertain the most effective way of improving hand hygiene of pupils and it was finally decided to introduce continuous towelling which has proved very satisfactory and the system works well in all the schools.

The system of selective medical examinations was continued during 1966, with the minor modification of children being selected between nine and eleven rather than eight to ten as in previous years. For the time being, in addition to medical examination of all school entrants, all school leavers are also examined and this policy will continue until the present re-organisation of secondary education has been completed and the whole scheme will then be reviewed. Contrary to expectations the highest incidence of medical defects is found in school leavers 18.9% of all those examined compared with 11.9% in entrants.

We continued our health education work in schools during the year working in close co-operation with the teaching staff. In the secondary schools much of the health education work is aimed at giving the pupil a sense of personal responsibility for his own, his family's and the community's good health. When possible arrangements are made to relate

theory to practice and in this aspect of the work school doctors and nurses play an important role. In this work, also, the increasing numbers of school social service groups in secondary schools play an important part, by home visiting of the elderly and handicapped and helping in many other ways in the community associated with their school. These groups will form the leaders of voluntary effort in the community in later years and this is work that can be truly classed as education in living.

The School dental service continued to provide treatment during the year to a high proportion of children found to need dental treatment. During the year it was not possible to recruit our full establishment of full-time dental staff and four part-time dental officers were employed on a sessional basis. Orthodontic facilities were available during the year on the same basis as previous years. A considerable amount of dental health education was undertaken during 1966 by the health department staff and in particular by the Dental Auxiliary.

Progress was made during the year in the ascertainment of children with hearing defects and in helping the parents of these children to deal with them. Twelve Health Visitors were trained during 1966 by Professor Taylor at the Department of the Deaf, Manchester University, in the early diagnosis of deafness in infants. It is hoped to train the remainder of the Health Visitors early in 1967. In addition, 347 children were found with hearing defects on audiometric testing and some were referred to Miss C. Williams, the E.N.T. Consultant for further investigation. We were also fortunate in obtaining the part-time services of two teachers of the deaf to give training to these children and advice and help to the parents.

We are fortunate in having good clinic premises in nearly all parts of the county. Additional new clinics are needed in the rapidly developing areas and consideration is being given to the erection of health centres in these areas and discussions are taking place with the general practitioners concerned. In seven localities in the rural part of the county, the mobile clinic visits each fortnight and continues to meet a very real need. Our clinics are being used more and more by outside bodies, particularly in the evenings, examples are the Preschool Play groups, Young Wives Clubs, Mothers' Clubs, Red Cross, Social Clubs for the Handicapped, etc.

The consultant staff at the various hospitals gave excellent service to the Department during the year. I would also like to thank general practitioners in the county for their ready co-operation at all times.

I would like to sincerely thank Mr. M.J. Jones, the Director of Education and his staff, for their help during the year. I would also like to thank Her Majesty's Inspectors of Schools, Headmasters and members of school staffs for their interest and support during 1966.

To the staff of the School Health Section, I would like to pay tribute for their loyal teamwork during the year. In particular to Dr. L. L. Munro, the Senior Medical Officer in charge of the School Health Service for the very efficient way she has administered the service and her help in compiling this report.

The clerical staff of the department have again carried out their duties in a most efficient manner and I would like to thank Mr. A. Whitley for his services in the department and his help with the Annual Report.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

G. W. ROBERTS

Principal School Medical Officer.

ADMINISTRATION

A-DEPARTMENTAL OFFICERS

Principal School Medical Officer

(also County Medical Officer of Health):

Griffith Wyn Roberts, MB, BCh, BAO, DPH
(County Health Offices, Mold. Tel. 106 Mold)

Deputy County Medical Officer:

Kenneth Steven Deas, MB, ChB, DPH

Senior Assistant Medical Officer:

Lillie Lund Munro, MB, ChB, DPH

Assistant Medical Officers (full-time):

W. Manwell, MB, BCh, BAO, DTM, DPH, CM
Edith V. Woodcock, MB, ChB, DPH

Assistant Medical Officers (Part-time on sessional basis):

Dr. E.M. Harding, MB, ChB, DPH
Dr. J.D. McCarter, MB, BCh, BAO
Dr. Yvonne B. Gibson, MB, BCh
Dr. A. Lloyd Jones, MB, BS, MRCS, LRCP (commenced 1:2:66)
Dr. B. Roberts, MB, ChB (commenced 11:10:66)

Assistant Medical Officers (Part-time) who are also Medical Officers of Health for Grouped County Districts:

D.J. Fraser, MB, ChB, DPH
D.P.W. Roberts, MB, ChB, DObst, RCOG, DPH

Chest Physicians (Part-time):

E. Clifford Jones, MB, BS, MRCS(Eng), LRCP (London)
J.B. Morrison, MD, ChB
R.W. Biagi, MBE, MB, ChB, MRCPE

Child Guidance Consultant (Regional Hospital Board Staff):

E. Simmons, MD, LRCP, LRCS(Edin), LRFPS(Glasgow)

Ear, Nose and Throat and Audiology Consultant (Regional Hospital Board Staff):

Catrin M. Williams, FRCS

Ophthalmic Consultants (Regional Hospital Board Staff):

E. Lyons, MB, ChB, DOMS
J. Nash, MB, BS

Orthopaedic Consultant (Regional Hospital Board Staff):

Robert Owen, MCh.(Orth), FRCS

Paediatrician Consultant (Regional Hospital Board Staff):

M.M. McLean, MD, MRCPE, DCH

Principal School Dental Officer (Full-time):

A. Fielding, LDS, RCS

Dental Officers (Full-time):

F.S. Dodd, LDS

Leon Harris, BDS

A.O. Hewitt, LDS

M.D. Turnbull, BDS

Dental Officers (Part-time sessional):

J.R. Davies, LDS

C. Hubbard, LDS

T. Roberts, LDS

Mrs. S.F. Moran, LDS (since 22:6:66)

H.E. Edwards, LDS (since 20:4:66)

Dental Auxiliaries:

Mrs. H.V. Anderson (since 1:1:66)

Orthodontic Consultant (Part-time - temporary sessional):

B.J. Broadbent, FDS, RCS

Dental Anaesthetists (Part-time sessional basis):

Dr. J.M. Hands

Dr. H. Evans

Dr. G.E.S. Robinson

Dr. M.E. Lloyd

Speech Therapists:

Mrs. R.E. Ward, LCS (Part-time sessional)

Miss G. Roberts, LCS (Full-time)

Superintendent Health Visitor/School Nurse (also Domestic Help

Organiser):

Miss P.M. Matthews, SRN, SCM, HVCert, NAPH

School Nurses: (acting jointly as School Nurses and Health Visitors all State Registered Nurses and State Certified Midwives, and Health Visitor's Certificate or other qualifications):

Mrs. N. Milnes, Senior Health Visitor/School Nurse, Western Area (since 1: 6: 66)

Miss M. Williams, Senior Health Visitor/School Nurse, Eastern Area

| | |
|-----------------------------|------------------------|
| Miss M.J. Hughes | Mrs. R. Jones |
| Miss G. Jones | (since 1:12:66) |
| *Miss J.S. Rogers | Miss M.W. Wright |
| Miss M. Lees | Miss E.M.L. Morgan |
| Miss M.Y. Secker | (Resigned 30:4:66) |
| Mrs. S. Lewis | Miss G.M. Jones |
| Mrs. P.B. Coupe | Mrs. D.M. Lewis |
| Miss M. Hinchin | Mrs. L. Pritchard |
| Mrs. M. Moffat | Miss A.M. Stewart |
| Miss I.M. Swinscoe | Miss D. Phillips |
| Mrs. M.E. Pearse | Miss F.M. Higginson |
| Mrs. D. Jeronimidis | Mrs. M.A. Godding |
| (since 1:8: 66) | Mrs. M.E. Waters (from |
| Mrs. S.E. Wilson (part-time | 3:1:66 to 5:7:66) |
| sessional since 16:11:66) | |

* Also Part-time Health Education Officer

Clinic Nurses (Part-time sessional):

| | |
|---------------------------|------------------|
| Mrs. R. Cunnah | Mrs. S.A. Latham |
| (Part-time from 10:10:66) | |

Clinic Nurses (Part-time sessional):

| | |
|-------------------|------------------|
| Mrs. M.M. Digweed | Mrs. A. Roberts |
| Mrs. H. Davies | Mrs. R. Williams |
| Mrs. M. Roberts | |

Visitors for Chest Diseases:

Mrs. M.M. Roberts, SRN, SCM, TBCert
 Mrs. A.R. Iball, SRN

Dental Surgery Assistants:

| | |
|------------------------|-----------------------|
| Mrs. L.M. Martin | Miss M.E. Roberts |
| Mrs. B.M. Roberts | Mrs. M.A. Lloyd-Jones |
| Mrs. E.M. Coppack, SRN | (Part-time) |
| Mrs. J.G. Shaw, SEN | Mrs. D. Young |
| Mrs. E.I. Roberts | (Part-time) |

Chief Clerk:

William Ithel Roberts (retired 31: 12: 66)
 Arthur Whitley (as from 1: 1: 67)

Department Senior Clerk:

E.F. Jones (as from 1: 1: 67)

B-ASSOCIATED OFFICERS

| | |
|--|----------------------------------|
| Clerk of the County Council | W. Hugh Jones (retired 14:10:66) |
| " " " " " | T.M. Haydn Rees (since 14:10:66) |
| Secretary of the Education Committee | M.J. Jones, MA |
| County Architect | R.W. Harvey, ARIBA |
| County Treasurer | S. Elmitt, IMTA |
| Chief Constable | R. Atkins |
| Physical Training Organisers | Bertram W. Clarke |
| | Miss S.N. Crosbie |
| School Meals Organiser | E. Parry |
| Children's Officer | Mrs. L. Davies, BA |

C-HEADQUARTERS

County Health Offices, Llwynegrin, Mold - Tel: 106 Mold

D-GENERAL INFORMATION

Area of Administrative County -

| | |
|------------------------|---------|
| Statutory Acres | 163,707 |
| Square Miles | 255.7 |

Population of County -

| | |
|-------------------------------|---------|
| 1951 Census | 145,108 |
| 1966 Mid-year Estimate | 160,560 |

Number of Schools -

| | |
|---|----|
| Nursery | 1 |
| Primary: County 60; Voluntary 39 - Total .. | 99 |
| Secondary Modern .. | 10 |
| Secondary Grammar | 5 |
| Bilateral | 5 |
| Technical College .. | 1 |
| Horticultural Institute | 1 |

School Child Population -

| | |
|--------------------------------------|--------|
| On School Registers (1966-67) | 27,708 |
|--------------------------------------|--------|

Financial Circumstances of County -

| | |
|---|---------|
| Estimated Product of a Penny Rate (1966-67) ... | £27,602 |
|---|---------|

Number of Flintshire Live Births -

| | |
|-----------------|-------|
| Year 1966... .. | 2,767 |
|-----------------|-------|

Number of Flintshire Deaths (1966)

| | |
|------------------|------|
| Infantile | 48 |
| General | 2115 |

| | | | | | | | |
|--|-----|-----|-----------|-----|-----|-----|----|
| Medical Officers - | | | | | | | |
| For County Health and School Medical Services combined | ... | | | | | | 7* |
| School Dental Surgeons - | | | | | | | |
| Full-time Officers | ... | ... | ... | ... | ... | ... | 5+ |
| School Nurses - | | | | | | | |
| Serving half-time also as Health Visitors | ... | ... | | | | | 23 |
| Dental Surgery Assistants - | | | | | | | |
| Full-time | 6 | | Part-time | 2 | | | |
| Clinic Establishments (within the County) - | | | | | | | |
| Child Guidance | ... | ... | ... | ... | ... | ... | 2 |
| Dental (For School Children) | ... | ... | ... | ... | ... | ... | 8 |
| Minor Ailments (for School Children) | ... | ... | ... | ... | ... | ... | 10 |
| Ophthalmic (for School Children) | ... | ... | ... | ... | ... | ... | 4 |
| Ear, Nose and Throat and Audiology | ... | ... | ... | ... | ... | ... | 2 |
| Orthodontic | ... | ... | ... | ... | ... | ... | 2 |
| Orthopaedic After-care (for Patients of all ages) | ... | ... | ... | ... | ... | ... | 2 |
| Chester (Welsh Hospital Board) | ... | ... | ... | ... | ... | ... | 3 |
| Orthoptic (Hospital Management Committee) | ... | ... | ... | ... | ... | ... | 3 |
| Speech Therapy | ... | ... | ... | ... | ... | ... | 9 |

*Equivalent of 6 whole-time officers, as 2 are also Medical Officers of Health for Grouped County Districts.

+Includes Principal Dental Officer

E-FLINTSHIRE CLINICS (Situations, Opening Hours, Etc.)

MINOR AILMENTS CLINICS

- Buckley - The Clinic, Padeswood Road. 2nd Tuesday 2 to 4-40 pm
Doctor attends every opening.
- Caergwrle - The Clinic, Ty Cerrig, Off High Street. Every Tuesday,
1-30 to 2-30 pm. Doctor attends 1st and 3rd
Tuesdays of month.
- Flint - The Clinic, Borough Grove. 2nd & 4th Tuesday, 9-30 am to 12
noon. Doctor attends every opening.
- Holywell - The Clinic, Park Lane. 1st and 3rd Friday, 1-30 to 4-30 pm
Doctor attends every opening
- Mold - The Clinic, King Street. Every Wednesday, 9-30 am to 12 noon.
Doctor attends every opening.
- Prestatyn - Kings Avenue. 1st and 3rd Wednesday, 9-30 am to 12 noon
Doctor attends every opening.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Monday, 9-30 am to 12 noon. Doctor attends every opening.
Saltney - The Clinic, St. Davids Terrace. Every Friday, 9-30 am to 12 noon. Doctor attends every opening.
Shotton - The Clinic, Rowley Drive. Every Tuesday, 9-30 am to 12 noon. Doctor attends every opening.
St. Asaph - Pen-y-Bont. 2nd and 4th Thursday. 1-30 pm to 2-30 pm Doctor attends every opening.

CLINICS

This county is well provided with clinic premises, of the 19 existing, 12 are purpose-built buildings, 4 are converted houses and 3 are in various other premises, such as halls, etc. The majority of the clinics are new and are both well furnished and equipped.

Clinics are popular and well attended in Flintshire. Policy is to encourage them to be cheerful, welcoming places, rather than chilly and institutional. Recent replacement of old type benches and tables and the provision of brightly coloured cafe tables and chairs in the entrance halls has produced a feeling of happy informality much appreciated by mothers and children alike.

Equipment in clinics is always being brought up-to-date, the provision of small refrigerators in four further clinics has been a considerable improvement, much time and travelling is saved by having stocks of different vaccines to hand. Not only on the medical side have improvements been carried out, new dental equipment has been installed improving the standard of dental surgeries even further.

Many of the clinics are used a great deal more than previously, not only are the existing services expanding, but new clinics are also starting up, such as Hearing Assessment sessions and services by the teachers of the deaf.

Voluntary organisations are making much more use of the clinic premises, also there are very few that do not hold regular morning, afternoon or evening sessions for Young Wives and Mothers Clubs, Red Cross, Old Age Pensioners, Handicapped Children, Preschool Play Groups, Mothercraft and Handiwork Sessions for the Handicapped. The provision of full-time clerical help at two of the busiest clinics at Rhyl and Connah's Quay has proved invaluable. Clerks are able to take messages, make appointments, type reports and generally relieve the health visitors of much non-nursing duty.

The mobile caravan clinic still continues to visit 7 more remote villages to hold Infant Welfare sessions, a doctor and health visitor being in attendance. To these clinics are invited school children for medical

inspection or immunisation, often mother attends bringing several other members of the family for consultation and the novelty of the caravan never fails to delight them all.

The mobile dental clinic was stationed at various rural schools during the year to enable dental treatment appointments to be more easily kept.

Tribute should be paid here to all those responsible for the daily maintenance of the clinics, a high standard of care is always apparent. Many of our caretakers have been many years with the county and they have developed a deep personal pride and interest in their particular duties.

General Practitioners have not, during 1966, made use of clinic premises although these have been made freely available to them. The future is yet uncertain but it does appear that the swing is towards the Health Centre at present and the integration of Health Visitor into individual practices which is proving to be advantageous to both parties.

ORTHOPAEDIC AFTER-CARE CLINICS

Holywell - Cottage Hospital. 2nd and 4th Wednesday of each calendar month at 2.30 pm. Surgeon attends every opening.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. 2nd and 4th Tuesdays of each calendar month, 10 am to 12 noon. Orthopaedic Nurse attends every opening; Surgeon every 3 months.

OPHTHALMIC

Holywell - The Clinic, Park Lane. 2nd and 4th Tuesday afternoons in each month.

Mold - The Clinic, King Street. 2nd and 4th Thursday afternoons in each month.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Friday morning.

Shotton - Rowley Drive, 1st and 3rd Thursday afternoons in each month.

To ensure adequate time for examination, patients can only be seen at Ophthalmic Clinics by appointment.

CHILD GUIDANCE (By appointment only)

Rhyl - Mercier House, Russell Road. Every Monday 10.00 am and 2.00 pm.

Shotton - Rowley Drive. Alternate Thursdays and Fridays 10.00 am and 2.00 pm.

Children from the Eastern part of the County are also referred to the Child Guidance Clinic at Wrexham.

EAR, NOSE AND THROAT AND AUDIOLOGY

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Friday afternoon (by appointment).

Holywell - The Clinic, Park Lane. Every Monday afternoon (by appointment).

ORTHODONTIC

Buckley - The Clinic, Padeswood Road, (by appointment).

Prestatyn - The Clinic, King's Avenue (by appointment).

ORTHOPTIC

Holywell - The Clinic, Park Lane, Every Tuesday morning and afternoon.

Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Thursday afternoon and every Friday morning.

Many children from the Eastern half of the County are seen by the Orthoptist at Chester Royal Infirmary.

CHEST CLINICS

Holywell - Cottage Hospital (Physician: Dr. R. W. Biagi) Tuesday, 9.30 am Clinic Session. 2.00 pm Contact Clinic (by appointment only).

Queensferry - Oaklands (Physician: Dr. E. Clifford Jones)

Tuesday, 9.30 am Clinic Session (by appointment only)

Wednesday, 9.00 am Clinic Session

Friday, 9.00 am Contact Clinic

Rhyl-Alexandra Hospital (Physician: Dr. J.B. Morrison).

*Monday, 10.00 am B.C.G. Test Reading

Friday, 9.00 am Clinic Session (and contacts).

*Contacts are seen on Friday mornings and, if necessary, given B.C.G. They then attend on the Monday morning following for reading.

SPEECH THERAPY (By appointment only)

Connah's Quay - The Clinic, Civic Centre, Wepre Drive. Every Wednesday (morning and afternoon).

Buckley - The Clinic, Padeswood Road. 1st and 3rd Thursday in each month (morning and afternoon).

- Flint - The Clinic, Borough Grove. 1st and 3rd Monday morning in each month.
- Holywell - The Clinic, Park Lane. 1st and 3rd Tuesday morning in each month.
- Mold - The Clinic, King Street, 1st and 3rd Tuesday afternoon in each month. Also 2nd and 4th Tuesday in each month (morning and afternoon).
- Prestatyn - The Clinic, King's Avenue. Every Monday (morning and afternoon).
- Rhyl - The Clinic, Ffordd Las, Off Marsh Road. Every Tuesday and Thursday (morning and afternoon).
- Saltney - The Clinic, St. David's Terrace. 2nd and 4th Monday morning in each month.
- Shotton - The Clinic, Rowley Drive. 2nd and 4th Wednesday in each month (morning and afternoon).

Section 2

STAFF

Medical:

Dr. Ann Lloyd Jones commenced duty as part-time Assistant Medical Officer on 1st February, 1966.

Dr. Beryl Roberts commenced duty as part-time Assistant Medical Officer on 11th October, 1966.

Dental:

Mr. H.E. Edwards commenced duty as part-time Dental Officer on 20th April, 1966.

Mrs. S.F. Moran commenced duty as part-time Dental Officer on 22nd June, 1966.

Dental Auxiliary:

Mrs. H.V. Anderson commenced duty on 1st January, 1966.

Health Visiting:

The following commenced duty as Health Visitors/School Nurses on the dates shown:-

| | | |
|---------------------------------|------------------------|------------|
| Mrs. M.E. Waters | Connah's Quay District | 3: 1: 66 |
| Mrs. N. Milnes | Prestatyn District | 1: 6: 66 |
| Mrs. D. Jeronimidis | Leeswood District | 1: 8: 66 |
| Mrs. R. Jones | Bagillt District | 1: 12: 66 |
| Mrs. S.E. Wilson (Part-time) | Connah's Quay District | 16: 11: 66 |

The following resigned on the dates shown:-

| | | |
|--------------------|------------------------|-----------|
| Miss E.M.L. Morgan | Prestatyn District | 30: 4: 66 |
| Mrs. M.E. Waters | Connah's Quay District | 5: 7: 66 |

ATTENDANCE AT COURSES AND CONFERENCES

Particulars of Courses and Conferences attended by members of the Health Service Staff are given below:-

Medical Officers:

Dr. G.W. Roberts Royal Society of Health Conference, Blackpool,
24th to 29th April, 1966.
Course for Medical Officers of Health, Rhos-
on-Sea. 24th to 25th June, 1966.

Dr. K.S. Deas National Association for Mental Health Con-
ference, London, 24th to 25th February, 1966.

| | |
|--|---|
| Dr. K. S. Deas | North Wales Conference for Handicapped Children, Wrexham, 11th May, 1966. National Association for Maternal and Child Welfare Conference, London. 29th June to 1st July, 1966. |
| Dr. L. L. Munro | Course for Medical Officers of Health, Rhos-on-Sea. 24th to 25th June, 1966. |
| Dr. D. P. W. Roberts | Course for Medical Officers of Health, Rhos-on-Sea. 24th to 25th June, 1966. |
| Dr. E. V. Woodcock | Society of Medical Officers Conference, Manchester, 24th April to 1st May, 1966. Course for Medical Officers of Health, Rhos-on-Sea. 24th to 25th June, 1966. |
| Dr. W. Manwell | Society of Medical Officers Conference, Manchester. 24th April to 1st May, 1966. Course for Medical Officers of Health, Rhos-on-Sea. 24th to 25th June, 1966. |
| Dental Officers: | |
| Mr. A. Fielding | Annual Dental Conference, Scarborough. 13th to 17th June, 1966. |
| County Public Health Inspector: | |
| Mr. E. Lewis | Central Council for Health Education Annual Conference, London. 26th January, 1966. Royal Society of Health Conference, Blackpool. 24th to April, 1966. Summer School in Health Education, Bangor. 10th to 20th August, 1966. Association of Public Health Inspectors Weekend School, Glynllifon Agricultural Institute. 28th to 30th October, 1966. |
| Health Visitors: | |
| Miss P. M. Matthews | Institute of Home Help Organisers Course, Sussex. 29th September to 1st October, 1966. |
| Miss M. Y. Secker | Health Visitors Refresher Course, Sussex. 13th to 22nd April, 1966. |
| Mrs. M. D. Lewis | Health Visitors Refresher Course, Cardiff. 11th to 20th July, 1966. |
| Miss G. M. Jones | Residential Study Conference, London. 12th to 17th September, 1966. |

ADMINISTRATION

As in previous years, routine Medical Inspections have continued for all children on entry to school and again in their fifteenth year. For the intermediate age groups medical inspection is by Selective Medical Examination. This system is now in its fifth year and seems to be working well. Selective medicals were carried out at 38 schools (40 in 1965) At these 38 schools, 3,060 children were eligible, 1,330 were selected and of these 1,142 were medically examined.

As the name implies, only those children for whom there appears to be real need or a specific request are selected, consultation between the Head Teacher, Doctor and School Nurse is the deciding factor.

Experience shows that consultation is very necessary. Complete reliance cannot be put on the answers submitted by parents to questionnaires. Often vital information is omitted or deliberately withheld for fear of discrediting the child. Serious behaviour problems, antisocial tendencies, bed wetting and the like are often not divulged. On the other hand, the disturbed or overprotective parents often exaggerate symptoms and illnesses far beyond their true importance and the questionnaires may give a completely misleading impression of the child's physical condition. Only by consultation can an impartial picture be obtained.

Second thoughts on the correct timing of the selective medical leads us to believe that this examination is of more value at 9 and 11 years than 8 to 10 as undertaken previously. Difficulties of emotional adjustments may only become apparent when the child is about to leave the security of a small school for the more impersonal larger secondary school.

Selective medical inspection means there are more frequent informal visits to school. These are much more appreciated by staff than whole series of formal medical inspections, with very little free time for discussion with the Head Teacher.

A complete and comprehensive medical inspection appears, however, to be a necessity for every child on school entry, so that the School Health Service will have a background of information on each child. This year, an increased number of defects was discerned in school leavers, whilst this is the case, there would still seem to be a need for medical inspection of the 15 year olds. Certainly it is a medical examination which is valuable in reaching conclusions for recommendations as to future employment, to the Youth Employment Officer.

All children found to have defects on examination are recorded on blue defect cards, and followed up at least yearly, at the school clinics or on further school visits. New cases brought forward for consultation,

which are not included in the periodic examinations are known as "specials", these may also be kept under observation or referred to Consultants for treatment if necessary.

Just as mass medical inspections have given way to selection, so mass cleanliness inspections are only carried out occasionally. It is encouraging to note that during 1966, less children were found to be infested with vermin (449). These figures show a marked improvement over previous years and very great credit is due to Health Visitor/School Nurses and Clinic Nurses for their untiring effort to achieve this state.

During the year, increased efforts were made to improve the immunisation and vaccination state of school children. It is indeed pleasing to see that more primary immunisations have been carried out.

Figures show a rise to 2,315 against 1,993 in 1965. Fewer single antigens have been used, therefore, more children have been completely protected. The number of booster doses given to children at school entry has been maintained. Oral Polio Vaccination, which is the most acceptable immunisation given, has remained at 80%.

Smallpox vaccination has always been the least popular. The new older age of primary vaccination is noticeably more easily accepted by mothers. In 1966, some 1,224 children were given this vaccine, a noticeable increase.

It is just 10 years since the B.C.G. scheme was inaugurated in Flintshire schools. In that year, 1956, 859 children were vaccinated with B.C.G. The Multiple Puncture Positive Rate was 30.6%. In 1966, the number vaccinated with B.C.G. was 1,344. The multiple Puncture Positive Rate had fallen to 19.15%. The first time that this rate has been below the 20% mark in the county.

As always, special attention is paid to handicapped children. In 1966, there were 543 ascertained as handicapped, 61 of which were in residential schools or homes. A large proportion of handicapped children remain at home, some are able to attend ordinary school, others have home tuition, several are ineducable, but all need careful supervision. With the special life-saving techniques now available, many babies who would have died at birth, now survive their early days. Unfortunately, most have severe residual handicaps often multiple, sometimes associated with some degree of mental retardation. The majority require special care, schooling, or training later. We are rightly concerned for these children, but there is a danger in concentrating our efforts on the disabled child that we are neglecting or overlooking the outstandingly gifted child, who would make a valuable contribution to the good of mankind if given a comparable opportunity for his full development.

There are many children who fail or are unable to attend school regularly. Excellent co-operation exists between the School Health Service and the School Welfare Officers in the follow-up of these pupils. The co-operation given by General Practitioners and Consultants in dealing with this group of children is very much appreciated also.

The provision of Home Teaching is available for those children unable to attend school, often through a temporary disability only. This is a worthy service, not only do the young keep abreast of their school work, but the interest engendered by the Home Teachers is a therapeutic measure in itself and helps to speed recovery.

A high proportion of the handicapped are educationally subnormal children, 271 in all. It is regrettable that there has been no day school as such, available for them. Remedial and Recovery classes in schools do good work. Outstanding results have been achieved by Mr. Griffiths and his staff at the Remedial Unit, Clwyd Street School, Rhyl. We all look forward to the promise of better accommodation and facilities for them in the near future.

During 1966, as well as regular sanitary inspection of school premises by visiting School Doctors, more detailed inspections of certain schools have been carried out in response to requests by Mr. E. Lewis, County Public Health Officer. Special reports have been submitted confirming defects notified on school sanitary cards, on the state of buildings, sanitation, ventilation, or kitchen problems, these were notified to the Director of Education and the County Architect for action.

It will be seen from this report that much extra work has been carried out in 1966. When Dr. Woodcock commenced attending the University of Liverpool for a year's course for the D.P.H. the loss of a trained member of the staff was keenly felt, in spite of welcome sessional assistance given by part-time doctors. In consequence, an extra load has been carried by the remaining Medical Officers on the staff. It is perhaps not generally realised that school work is only part of the Assistant Medical Officers multiplicity of duties. They carry out regular Infant Welfare Clinics, Special Medical Examinations, Medical Inspections of the Aged, Visits to the Children's Homes for the Children's Department, Immunisation and Vaccination sessions, Health Education, Audiometry, Work with Enuretic Children, Cervical Cytology and give various talks to voluntary organisations. Two Medical Officers have extensive district commitments also.

As of necessity, all school work, medical inspections, B.C.G. programmes, immunisations and Health Education projects have to be carried out in something rather less than three school terms, it will be realised that much work has been undertaken under high pressure to fit it all in. A very great deal of hard work and careful planning is necessary to keep the various aspects of the work fitting together and running smoothly.

Table 1

PERIODIC MEDICAL INSPECTIONS

| Age Groups Inspected (By year of birth) | No. of Pupils Inspected | Physical Conditions of Pupils Inspected | | | |
|--|-------------------------|---|-------------|----------------|-------------|
| | | Satisfactory | | Unsatisfactory | |
| | | No. | % of Col. 2 | No. | % of Col. 2 |
| (1) | (2) | (3) | (4) | (5) | (6) |
| 1962 and later | 257 | 257 | 100.00 | - | - |
| 1961 | 1226 | 1225 | 99.92 | 1 | .08 |
| 1960 | 938 | 937 | 99.89 | 1 | .11 |
| 1959 | 154 | 154 | 100.00 | - | - |
| 1958 | 517 | 515 | 99.61 | 2 | .39 |
| 1957 | 310 | 308 | 99.35 | 2 | .64 |
| 1956 | 589 | 588 | 99.83 | 1 | .17 |
| 1955 | 294 | 293 | 99.66 | 1 | .34 |
| 1954 | 84 | 84 | 100.00 | - | - |
| 1953 | 3 | 3 | 100.00 | - | - |
| 1952 | 1314 | 1312 | 99.85 | 2 | .15 |
| 1951 and earlier | 331 | 331 | 100.00 | - | - |
| | 6018 | 6008 | 99.33 | 10 | 0.16 |

Table 2

PUPILS FOUND TO REQUIRE TREATMENT

Individual pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases, and Infestation with Vermin).

- Note:- (1) Pupils already under treatment are included.
 (2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3)

| Group | Vision (Excl. Squint) | For any of the other conditions recorded in Table 5:- | Total Individual Pupils | Percentage of Children examined |
|--------------------------------------|--------------------------|---|-------------------------------|--|
| (1) | (2) | (3) | (4) | (5) |
| Leavers | 69 | 259 | 311 | 18.90 |
| Entrants | 48 | 280 | 307 | 11.92 |
| Other Age Groups | 22 | 70 | 96 | 16.29 |
| Additional Peri- odic Inspections | 47 | 166 | 210 | 17.37 |
| Total (Prescribed Groups) | 186 | 775 | 924 | 15.35 |

It will be noted that the total defects requiring treatment in Entrants decreased from 12.23% in 1965 to 11.92% in 1966. Defects in leavers showed an increase from 14.26% in 1965 to 18.90% in 1966. Figures from 1963 to date are given below:-

| | 1963 | 1964 | 1965 | 1966 |
|----------|--------|--------|--------|--------|
| Entrants | 11.22% | 8.90% | 12.23% | 11.92% |
| Leavers | 13.53% | 15.11% | 14.26% | 18.90% |
| All ages | 12.64% | 11.93% | 14.22% | 15.35% |

It is very interesting and instructive to compare the incidence of defects requiring treatment with age (Table 3).

Visual defects occur, primarily at school entry, 5 to 6 years, at 10 years of age, and 14 years of age. These three groups account for 41.4% of all defects found in age groups. This is one reason why regular vision tests are carried out by Health Visitors/School Nurses on these age groups.

The same pattern is apparent with other defects requiring treatment, there are three corresponding age groups where defects occur, at 5 to 6 years, 10 years, and 14 years, and these account for 61.55% of all defects found in all ages.

With these figures in mind, it is found that medical inspection at 5 years on entry, at 9 to 11 years as selectives and school leavers at 15 years provides ample coverage over the vital years of change.

Table 3
PUPILS FOUND TO REQUIRE TREATMENT

Individual Pupils found at Periodic Medical Inspection to require treatment (excluding Dental Diseases and Infestation with Vermin).

- Note:- (1) Pupils already under treatment are included.
(2) No pupil is recorded more than once in any column, hence the figures in Column (4) are not necessarily the sum of those in Columns (2) and (3).

| Age Groups Inspected (By Year of Birth) | For defective Vision, (excluding squint) | For any of the other conditions in Table 5 | Total Individual Pupils |
|--|---|---|-------------------------|
| (1) | (2) | (3) | (4) |
| 1962 and later | 3 | 27 | 30 |
| 1961 | 23 | 128 | 151 |
| 1960 | 20 | 107 | 127 |
| 1959 | 2 | 18 | 20 |
| 1958 | 17 | 77 | 94 |
| 1957 | 13 | 46 | 59 |
| 1956 | 22 | 70 | 92 |
| 1955 | 16 | 34 | 50 |
| 1954 | 1 | 9 | 10 |
| 1953 | - | - | - |
| 1952 | 53 | 172 | 225 |
| 1951 and earlier | 16 | 87 | 103 |
| TOTAL | 186 | 775 | 961 |

OTHER INSPECTIONS

Table 4

Note:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person. A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

| | | |
|-------------------------------|---|-------------|
| Number of Special Inspections | - | 2550 |
| Number of Re-inspections | - | 2576 |
| | | <u>5126</u> |

Table 5

DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR - PERIODIC INSPECTIONS

Note:- All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections are included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table includes separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

| Defect Code No. | Defects or Disease | PERIODIC INSPECTIONS | | | | | | | |
|-----------------|--------------------|----------------------|-----|---------|-----|--------|-----|-------|------|
| | | Entrants | | Leavers | | Others | | Total | |
| | | (T) | (O) | (T) | (O) | (T) | (O) | (T) | (O) |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) |
| 4 | Skin | 44 | 91 | 133 | 50 | 44 | 56 | 221 | 197 |
| 5 | Eyes (a) Vision | 50 | 157 | 66 | 167 | 70 | 179 | 186 | 503 |
| | (b) Squint | 39 | 41 | 3 | 22 | 23 | 44 | 65 | 107 |
| | (c) Other | 11 | 9 | 12 | 4 | 16 | 11 | 39 | 24 |
| 6 | Ears (a) Hearing | 9 | 56 | 8 | 14 | 7 | 36 | 24 | 106 |
| | (b) Otitis Media | 9 | 103 | 3 | 11 | 3 | 43 | 15 | 157 |
| | (c) Other | 13 | 43 | 31 | 26 | 9 | 23 | 53 | 92 |
| 7 | Nose and Throat | 36 | 194 | 20 | 23 | 21 | 67 | 77 | 284 |
| 8 | Speech | 23 | 49 | 3 | 9 | 12 | 18 | 38 | 76 |
| 9 | Lymphatic Glands | 2 | 76 | 2 | 17 | 2 | 35 | 6 | 128 |
| 10 | Heart | 3 | 62 | 2 | 25 | 1 | 40 | 6 | 127 |
| 11 | Lungs | 27 | 101 | 6 | 17 | 10 | 56 | 43 | 174 |
| 12 | Developmental: | | | | | | | | |
| | (a) Hernia | 3 | 10 | 1 | 5 | - | 2 | 4 | 17 |
| | (b) Other | 1 | 37 | 26 | 19 | 17 | 23 | 44 | 79 |
| 13 | Orthopaedic: | | | | | | | | |
| | (a) Posture | 5 | 8 | 10 | 2 | 7 | 11 | 22 | 21 |
| | (b) Feet | 37 | 40 | 15 | 20 | 24 | 32 | 76 | 92 |
| | (c) Other | 16 | 49 | 14 | 38 | 12 | 30 | 42 | 117 |
| 14 | Nervous System: | | | | | | | | |
| | (a) Epilepsy | 2 | 8 | - | 4 | 6 | 8 | 8 | 20 |
| | (b) Other | 5 | 17 | 3 | 9 | 9 | 14 | 17 | 40 |
| 15 | Psychological: | | | | | | | | |
| | (a) Development | 3 | 34 | - | 8 | 12 | 46 | 15 | 88 |
| | (b) Stability | 5 | 58 | - | 9 | 7 | 51 | 12 | 118 |
| 16 | Abdomen | 6 | 41 | 2 | 12 | 6 | 24 | 14 | 77 |
| 17 | Other | 13 | 29 | 7 | 14 | 9 | 24 | 19 | 67 |

Table 6

SPECIAL INSPECTIONS

Note:- All defects noted at medical inspection as requiring treatment are included in this return, whether or not this treatment was begun before the date of the inspection.

| Defect Code No. | Defects or Disease | SPECIAL INSPECTIONS | |
|-----------------|------------------------------|---------------------|-----------------------|
| | | Requiring Treatment | Requiring Observation |
| (1) | (2) | (3) | (4) |
| 4 | Skin | 274 | 80 |
| 5 | Eyes | 427 | 944 |
| | (a) Vision | 59 | 80 |
| | (b) Squint | 49 | 34 |
| | (c) Other | 120 | 97 |
| 6 | Ears | 23 | 33 |
| | (a) Hearing | 78 | 54 |
| | (b) Otitis Media | 75 | 149 |
| | (c) Other | 90 | 54 |
| 7 | Nose and Throat | 17 | 55 |
| 8 | Speech | 13 | 72 |
| 9 | Lymphatic Glands | 31 | 137 |
| 10 | Heart | | |
| 11 | Lungs | | |
| 12 | Developmental:- | | |
| | (a) Hernia | 12 | 15 |
| | (b) Other* | 53 | 64 |
| 13 | Orthopaedic:- | | |
| | (a) Posture | 11 | 17 |
| | (b) Feet | 41 | 52 |
| | (c) Other | 56 | 70 |
| 14 | Nervous System:- | | |
| | (a) Epilepsy | 7 | 21 |
| | (b) Other | 18 | 17 |
| 15 | Psychological:- | | |
| | (a) Development | 79 | 74 |
| | (b) Stability ♀ | 135 | 158 |
| 16 | Abdomen | 17 | 25 |
| 17 | Other | 167 | 38 |
| Note:- | | | |
| | *Includes cases of obesity | 35 | 28 |
| | ♀ Includes cases of enuresis | 88 | 102 |

Table 5 shows defects found at routine medical inspection at school. Table 6 shows defects found in children brought up at "special" inspections.

During 1966, more children were medically inspected, 6,018 were given periodic inspections, which includes special and selective examination. The number of children at this latter inspection was 1,142. Of these, 16.29% were found to have defects as against 13.5% of other ages.

The chief defects found in school children are still defective vision, ear, nose and throat, orthopaedic complaints and emotional disturbances.

Visual defects are far the most common and are increasing steadily, from 568 to 613, needing treatment and an increase from 1,394 to 1,447 needing observation and follow-up. Most cases were simple refractive errors and responded to the provision of spectacles prescribed by the Consultant Ophthalmologist and provided by the National Health Service. The number of children with squints also increased during the year from 274 to 311. Policy is to refer squints at a very much earlier age to avoid visual loss in the squinting eye.

Good use continued to be made of the diagnostic audiometer in the department, a total of 347 children had hearing defects ascertained and 203 of these children were found to need observation. We are most grateful to Miss Catrin Williams, Consultant Ear, Nose and Throat Surgeon of the Clwyd and Deeside Hospital Management Committee for the highly specialised help she continues to give the department, and particularly for her willingness to follow-up children found to have hearing defects in school testing, or at the clinic on performance tests.

We were fortunate during the year to have twelve Health Visitors fully trained in diagnostic tests of hearing by Professor Taylor of the Department of the Deaf, Manchester University and arrangements were completed for a clinic nurse to attend for training at Manchester in Audiometry, so that sweep tests of five year olds could be commenced in schools.

There was a definite decrease in the number of nose and throat complaints, 152 needing treatment, 433 requiring observation, the biggest proportion being enlarged tonsils and adenoids. Few are now selected for operation without a period of watchful observation first.

The number of children requiring speech therapy increased markedly to 128 from 94 in 1965. More speech therapy sessions are now available and more children are able to be referred and to obtain treatment early.

Of children found with heart defects, fewer required treatment, 19 as against 81 - more children were kept under observation - 199 as against

178 in 1965. It is felt that supervision is necessary so that recommendation can be passed on to the school and parents as to how much physical activity the children can be safely allowed to take part in.

Orthopaedic defects needing treatment, fell from 757 in 1965 to 617 in 1966. Regular and early screening of babies for congenital hip dislocations has proved of great value.

Regular sessions are held at the Holywell Cottage Hospital and at Rhyl Clinic where Mr. Robert Owen, Consultant Orthopaedic Surgeon to the Clwyd and Deeside Hospital Management Committee attends to see school children. We thank him for his excellent service and for the joint clinics carried out at the School for the Handicapped, Ysgol Gogarth, Llandudno.

A decrease in the number of children found with emotional disturbances was reported in 1966. The number being 679 compared with 719 of the year previous. It is felt that these figures are influenced by the fact that for most of the year the services of an Educational Psychologist, exclusively for Flintshire, were not available. Examination of many children with learning difficulties often reveals underlying emotional problems to the Psychologist. Every effort is made to locate these children early and close co-operation of the class and head teacher, school attendance officer, health visitor and school doctor often locates disturbances in children earlier than in the past.

Table 7

Classification of the physical condition of the pupils inspected in the age groups recorded in Table 1.

| Age Group Inspected | Number of Pupils Inspected | Satisfactory | | Unsatisfactory | |
|---------------------------------|----------------------------|--------------|--------------|----------------|-------------|
| | | No. | Col. 2 | No. | % of Col. 2 |
| (1) | (2) | (3) | (4) | (5) | (6) |
| Entrants | 2575 | 2571 | 99.84 | 4 | .16 |
| Leavers | 1645 | 1645 | 100.00 | - | - |
| Other Age Groups | 589 | 588 | 99.83 | 1 | .17 |
| Additional Periodic Inspections | 1209 | 1204 | 99.59 | 5 | .41 |
| TOTAL | 6018 | 6008 | 99.83 | 10 | .17 |

It will be seen from this table that during 1966, the percentage of school children who were physically satisfactory 99.83%, the unsatisfactory were only 0.17%. In number content, of 6,018 children, 6,008 were satisfactory, 10 were unsatisfactory physically. There is, without doubt, a marked improvement in nutrition and standard of growth of all children, compared with that of ten years ago, and a vast improvement since the turn of the century when the School Health Service came into being. Indeed, the sequelae of undernourishment which led to the services' inception, no longer exist. The problem for concern now is rather associated with the over-privileged, over-indulged, overfed child.

One could doubt the wisdom of continuing to provide a regular issue of free milk to each child, for 27,000 children in prime physical condition, particularly when we know that they are not in any way dependent on this third of a pint for the maintenance of their wellbeing, and secondly when we have some 21,000 old age pensioners in Flintshire, many of whom are living on little, and whose nutrition is below par in many cases, and to whom the provision of a daily milk allowance would be much more beneficial.

Many children eat far too much, their capacity for carbohydrates is enormous. It is not uncommon to see children taking large packets of sweets, biscuits, cakes, etc., to school to consume at midmorning break. Little wonder that they are unable to eat a balanced cooked meal an hour and a half later. Parents should be educated away from this common practise of feeding children between meals. Similarly, schools should be discouraged from selling sweets, biscuits, crisps, etc., midmorning. Admittedly, the financial profit involved is of value to school funds, but this does not balance the harmful effects.

Infestation with Vermin: The improvement in standard of cleanliness of children in school has already been noted in this report. It is still disturbing, however, to think that after two thousand years of civilisation it is necessary for us to employ nurses to cleanse children, because of the inability or indifference of the parents. In 1966, 449 were found to be infested as against 637 in 1965.

The great majority of children are beautifully looked after and immaculately turned out for school. There are, however, about two dozen aimless families in the county who remain indifferent to their children's plight, who exist, unmoved by help, treatment or prosecutions and continue to make demands on the time and resources of every social worker in the area, out of all proportion to their own contributions to mankind.

During the year, Lorexane No. 3 was provided free to parents with written instructions on head treatment. Cleansing arrangements were made available at local clinics and mothers invited to be present to receive instructions. Health Visitors/School Nurses and Clinic Nurses work in close collaboration with Head Teachers, in an effort to detect cases early and to ensure treatment is carried out immediately.

Table 8

INFESTATION WITH VERMIN

| Number of individual children examined by School Nurses | | 17,575 |
|---|-------------------------|---------------------------------|
| Total number of examinations in the schools by School Nurses or other authorised persons | | 38,466 |
| Total number of individual pupils found to be infested | | 449 |
| Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944) | | - |
| Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) | | - |
| | Total Children infested | % Infestation of total examined |
| 1955 | 1305 | 6.69 |
| 1956 | 958 | 4.14 |
| 1957 | 815 | 4.14 |
| 1958 | 763 | 3.89 |
| 1959 | 711 | 3.72 |
| 1960 | 922 | 5.76 |
| 1961 | 957 | 5.57 |
| 1962 | 631 | 3.13 |
| 1963 | 456 | 2.30 |
| 1964 | 713 | 2.83 |
| 1965 | 637 | 3.66 |
| 1966 | 449 | 2.55 |

Vaccination against Smallpox: A total of 52.17% of children examined at routine medical inspection showed evidence of successful smallpox vaccination. In 1966, it will be noted that 1,224 infants were protected, as against 967 in 1965. The new later age of this vaccination at the second year of life is much more acceptable to mothers.

The following table shows figures of the primary vaccination each year since 1948.

| | | |
|------|--------------------------------|-----|
| 1948 | Number of primary vaccinations | 808 |
| 1949 | " " " | 397 |
| 1950 | " " " | 660 |
| 1951 | " " " | 796 |
| 1952 | " " " | 663 |
| 1953 | " " " | 663 |

| | | | | |
|------|--------------------------------|---|---|------|
| 1954 | Number of primary vaccinations | | | 636 |
| 1955 | " | " | " | 803 |
| 1956 | " | " | " | 915 |
| 1957 | " | " | " | 1170 |
| 1958 | " | " | " | 1397 |
| 1959 | " | " | " | 1305 |
| 1960 | " | " | " | 1252 |
| 1961 | " | " | " | 1291 |
| 1962 | " | " | " | 1770 |
| 1963 | " | " | " | 581 |
| 1964 | " | " | " | 791 |
| 1965 | " | " | " | 967 |
| 1966 | " | " | " | 1224 |

Immunisation: Free triple antigen is offered to all babies both by General Practitioners and at County Clinics alike. Quadrilin (i.e. triple combined with Polio by injection) is no longer used. Triple consisting of Diphtheria, Whooping Cough and Tetanus is given as an initial course in the first year of life, and reinforced by booster of Diphtheria and Tetanus on school entry. A booster dose of Whooping Cough is not thought necessary, as this disease is considered to be most damaging, only in the first years of life.

The following table shows the number of children under 15 years of age who were immunised during 1966:-

| ANTIGEN USED | PRIMARY | | | BOOSTER | | |
|---|---------|--------|-------|---------|--------|-------|
| | 0 - 4 | 5 - 15 | Total | 0 - 4 | 5 - 15 | Total |
| Diphtheria only | 4 | 4 | 8 | - | 80 | 80 |
| Diphtheria/Whooping Cough | - | - | - | - | 6 | 6 |
| Diphtheria/Whooping Cough/Tetanus | 1700 | 49 | 1749 | 26 | 148 | 174 |
| Diphtheria/Whooping Cough/Tetanus/Polio | 117 | 12 | 129 | 5 | 16 | 21 |
| Diphtheria/Tetanus | 49 | 157 | 206 | 7 | 1110 | 1117 |
| Tetanus only | 1 | 40 | 41 | - | 15 | 15 |
| Whooping Cough only | - | - | - | - | - | - |

Children can be immunised free of charge either by their own general practitioner or at a school clinic. "Booster" doses are given at school at the end of the school medical examination for the convenience of the parents, and in an attempt to get a high acceptance rate, and this has proved to be the case.

Poliomyelitis Vaccination: In the ten years that Poliomyelitis immunisation has been carried out 22,168 children have been protected against

this disease, 80% of the school population in the county. During 1966, some 419 school age children were given the oral vaccine.

Handicapped Pupils: The following Table shows the number of handicapped pupils on the register at the end of the year, in their several categories:-

NUMBER OF ASCERTAINED HANDICAPPED PUPILS ON REGISTER AT:-

| | 31: 12: 65 | 31: 12: 66 |
|--------------------------|------------|------------|
| Blind | 6 | 7 |
| Partially Sighted | 16 | 20 |
| Deaf | 11 | 8 |
| Partially Hearing | 25 | 35 |
| Educationally sub-normal | 205 | 271 |
| Epileptic | 24 | 29 |
| Physically Handicapped | 122 | 121 |
| Delicate | 31 | 27 |
| Speech | - | - |
| Maladjusted | 35 | 32 |
| TOTAL | 475 | 543 |

44 children were ascertained to be in need of special education, either in residential schools or special day schools and were classified as follows:-

| | | | |
|--------------------------|----|------------------------|---|
| Educationally sub-normal | 29 | Maladjusted | - |
| Delicate | - | Physically handicapped | 4 |
| Epileptic | - | Deaf | 1 |
| Partially Hearing | 1 | Blind | 2 |
| Partially Sighted | 7 | Speech | - |

During the year places were found in Special Schools or Homes for 17 handicapped pupils (Blind 2, Physically handicapped 2, Partially sighted 4, Deaf 1, Partially hearing 1, Educationally sub-normal 7. The total number of handicapped pupils who were actually receiving education in special boarding schools and homes was 61.

They were of the following categories:-

| | |
|---|-----------|
| Blind and Partially Sighted | 16 |
| Deaf and Partially Hearing | 11 |
| Educationally sub-normal and maladjusted | 20 |
| Epileptic | 2 |
| Delicate and Physically Handicapped | 12 |
| | <u>61</u> |

19 handicapped children received home tuition during the year, 8 of these were still receiving home tuition at the end of the year, 11 pupils were on the registers of hospital special schools.

The total number of handicapped pupils who are awaiting accommodation in Special Schools is 73; of this number 65 are Educationally Sub-normal, made up as follows:-

| | |
|--|-----------|
| Requiring places in Special Boarding Schools | - 18 |
| Requiring places in Special Day Schools | - 55 |
| | <u>73</u> |

In addition to the above, 17 children were ascertained to be incapable of education in school; these were reported to the Local Authority in accordance with the requirements of Section 57 of the Education Act, 1944, as amended.

It will be noted that as always the biggest single group of handicapped is the educationally sub-normal group, for whom there is urgent need for further day provision in the county.

Many of the children with physical defects are able to attend and enjoy all the benefits of ordinary school. It is good to see how well they are absorbed into school life and how readily teachers and pupils alike, are to accept children with disabilities. More severe degrees of physical handicaps require extra special provisions of schooling. We are indeed fortunate to have places so readily available for Flintshire children in the School for the Handicapped, Ysgol Gogarth, Llandudno. At the end of 1966 nine children from the county were attending and benefitting considerably from the specialised provisions there. Spastic children, in whom great interest has been taken, may attend the Day Unit at the Maelor General Hospital, Wrexham, under the care of Dr. Gerald Roberts, where excellent care and treatment is provided, regular meetings are arranged at this hospital at which the progress of these children is discussed and future schooling arrangements considered. During 1966 three spastic children from Flintshire commenced attending at a similar unit opened at Blaen by arrangement with Dr. T.E.D. Beavan, Consultant Paediatrician, Chester.

Many of the epileptic children, (29 are formally ascertained) with the help of suitable treatment, are well stabilised and able to attend ordinary school quite happily.

Maladjusted children, number 32, on the register, but there are probably many more in the community. These children often require very special handling and there is often a real need to have them away from the family background for a period of time. The residential clinic

at Gwynfa, Colwyn Bay, admits many of our children, but facilities are limited and the provision of a joint North Wales Special School, on the lines of the physically handicapped venture, is very much looked forward to in the future.

Prevention of Tuberculosis: All newly appointed County Council staff are required to attend for medical examination, which includes X-Ray examination of the chest. During 1966 51 Teachers, 137 Canteen Workers and 6 School Caretakers were medically examined for fitness for service. As in the past, candidates for Teachers Training Colleges require medical examination by the Authority's School Medical Officer and Chest X-Ray. Some 176 were examined in 1966.

Also during the year, 329 other medical examinations of staff from other departments were carried out. The total of adult medicals during the year, therefore, increased to 699, an increase of 500 a year over the figure of ten years ago. This is just one of the sidelines of the School Health Department which has almost become a full-time occupation in itself. The organising and fitting in of these medicals into a complex and highly packed schedule, especially if these occur during school terms, does entail a considerable amount of planning.

A case of extensive open tuberculosis was found in a teenage girl in March 1966 at a Secondary School in Holywell. This girl had not accepted any part of the B.C.G. Scheme offered to her class the previous year. Fortunately, practically all her colleagues had co-operated and been protected against tuberculosis. Extensive retestings were carried out in school no other active case was found although two pupils were followed up by the Chest Clinic, contacts tracing was carried out by them on young people who had left the school recently. Contacts in the girl's home and amongst the neighbours' children were found to have contracted tuberculosis, and in need of treatment in hospital.

If ever there was a case which proved beyond doubt the value of the B.C.G. Scheme in school, this is it. A great deal of help was given to the medical staff by the Headmaster of this school and we are most grateful to him, and indeed to all Head Teachers, for the excellent co-operation we always receive in carrying out this service.

B.C.G. Vaccination: During 1966, some 1,344 pupils were given B.C.G. Vaccination, all having previously been tested by Multiple Puncture test and found negative. The positive reactors, 381 in number, were referred to the local Mass Radiography Unit for Chest X-Ray, any doubtful cases were referred to the Consultant Chest Physician who carry out complete surveillances.

B.C.G. Vaccination of Schoolchildren - 1966

| SCHOOL | Number in age group eligible | Number of accept- ances | Number skin tested | Number found positive | Number found negative | Number given B.C.G. Vaccin- ation |
|--------------|---------------------------------------|----------------------------------|--------------------------|-----------------------------|-----------------------------|---|
| Prestatyn | 168 | 155 | 138 | 39 | 86 | 69 |
| Rhyl | 151 | 137 | 124 | 40 | 75 | 54 |
| Rhyl | 92 | 86 | 74 | 15 | 52 | 48 |
| Flint | 109 | 108 | 105 | 24 | 78 | 73 |
| Flint | 124 | 120 | 102 | 21 | 75 | 64 |
| Holywell | 160 | 149 | 130 | 26 | 98 | 81 |
| Holywell | 121 | 118 | 110 | 26 | 82 | 66 |
| Rhyl | 111 | 107 | 102 | 24 | 75 | 56 |
| Deeside | 172 | 165 | 156 | 40 | 112 | 94 |
| St. Asaph | 84 | 78 | 71 | 18 | 50 | 44 |
| Rhyl | 48 | 46 | 43 | 9 | 28 | 28 |
| Mold | 53 | 52 | 46 | 9 | 36 | 34 |
| Hope | 79 | 73 | 64 | 11 | 53 | 51 |
| Saltney | 77 | 67 | 55 | 7 | 48 | 47 |
| Shotton | 146 | 144 | 132 | 24 | 100 | 98 |
| Queensferry- | 169 | 156 | 142 | 19 | 116 | 107 |
| Buckley | 114 | 104 | 97 | 17 | 79 | 75 |
| Mold | 148 | 141 | 138 | 12 | 126 | 126 |
| Penley | 85 | 77 | 67 | 13 | 50 | 50 |
| Mold | 107 | 99 | 94 | 13 | 79 | 79 |
| WHOLE COUNTY | 2,318 | 2,181 | 1,990 | 381 | 1,498 | 1,344 |

19.15% of the groups were found to be Multiple Puncture positive.

In addition to the schools programme, Chest Physicians saw and skin tested 592 contacts of known cases of tuberculosis, some of them children, of these 131 were given B.C.G. at the Chest Clinic.

Mass Radiography: The facilities for speedy chest X-Rays at the Mobile Mass X-Ray Unit are much appreciated. They are of great value to us as part of the B.C.G. scheme and also for X-Rays of chests required as part of County Council medical examinations. The Unit attended at Rhyl, Holywell, Shotton and Mold every three weeks during the year. Full details of the work undertaken by the Unit are given in the Report of the Health of Flintshire 1966 given by the County Medical Officer.

TREATMENT

During 1966, regular school clinic sessions were held at the ten main centres in the County, with School Medical Officers and Health Visitor/School Nurses or Clinic Nurses in attendance. The only treatment carried out are for minor ailments, accidents, and supervision of Verucca, etc. Sessions are mainly used for carrying out more detailed inspection of children already seen at school for specialised tests of hearing and intelligence and as an opportunity to have consultation with parents about their children.

We also hold valuable Consultant sessions, when special clinics are held in our premises for school children. The main ones are for ophthalmology, ear, nose and throat complaints, orthopaedic, aftercare clinics, paediatric and child guidance clinics, details of which are all included in this report.

Mention has already been made of the seven sites attended by the mobile clinics, which are at Dyserth, Rhuddlan, Penyffordd, Halkyn, Ewloe, Ffynnongroew and Gwernaffield.

Table 9
DISEASES OF THE SKIN
(excluding Uncleanliness, for which see Table 8)

| | Number of cases treated or under treatment during the year | |
|---------------------|--|-----------|
| | by the Authority | Otherwise |
| Ringworm (i) Scalp | - | 2 |
| (ii) Body | - | 2 |
| Scabies | 3 | 2 |
| Impetigo | 3 | 4 |
| Other Skin Diseases | 185 | 39 |
| TOTAL | 191 | 49 |

Table 9 (continued)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | Number of cases dealt with | |
|---|----------------------------|-----------|
| | by the Authority | Otherwise |
| External and other, excluding errors of refraction and squint | 20 | 28 |
| Errors of Refraction (Including squint) | 1, 519 | - |
| TOTAL | 1, 539 | 28 |
| Number of pupils for whom spectacles were:- | | |
| (a) Prescribed | 702* | - |
| (b) Obtained | 702* | - |
| TOTAL | 702* | - |

*Including cases dealt with under arrangements with supplementary Ophthalmic Services.

A detailed table of eye defects is given above and includes cases dealt with under arrangements with the Supplementary Ophthalmic Services.

Eye clinics were held during the year at Rhyl, Holywell, Shotton and Mold Clinics. Due to changes of Consultant Staff attending it was difficult to maintain a continuity of service. There were altogether 7 changes in Consultants at the various clinics during 1966. In spite of these difficulties, more children than ever were attended to at the eye clinics - 1, 519 in the year compared with 1, 493 in 1965, 702 pairs of spectacles were prescribed under the National Health Service, a rise over the 1965 figure of 651.

Mr. Saum, Optician, continued to attend sessions at Mold Clinic working in conjunction with, and giving valuable help to the Consultant Ophthalmologist.

Miss Edwards, the Orthoptist on the staff of the Clwyd and Deeside Hospital Management Committee, also continued to attend to treat children referred by Consultants at the Holywell and Rhyl Clinic and also at St. Asaph H.M. Stanley Hospital. We should like to express our thanks to the Consultant Ophthalmologists and all the staff of the eye clinics for the excellence of the service which they provide.

ORTHOPTIC CLINICS
SCHOOL CHILDREN ONLY

| | Chester Royal Infirmary | Holywell Clinic | Rhyl Clinic | St. Asaph Clinic |
|---|-------------------------------|--------------------|----------------|---------------------|
| Number of Flintshire children who attended in the year 1966 | 427 | 40 | 52 | 66 |
| Number of attendances for the year 1965 | 1770 | 330 | 473 | 280 |

Number of squint operations performed on Flintshire children at:-

| | | |
|----------------------------------|---|----|
| Chester Royal Infirmary | - | 33 |
| H.M. Stanley Hospital, St. Asaph | - | 8 |

Children from the eastern half of the County attend the Orthoptic Department of the Chester Royal Infirmary. This department is under the supervision of Mrs. E.R. Salisbury, the Orthoptist-in-charge, who, with her staff, continued to give excellent service to Flintshire children during the year.

Table 9 (continued)
DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

| | Number of cases treated | |
|--|-------------------------|-----------|
| | by the Authority | Otherwise |
| Received operative treatment | | |
| (a) for diseases of the ear | - | 10 |
| (b) for adenoids and chronic tonsillitis | - | 384 |
| (c) for other nose & throat conditions | - | 47 |
| Received other forms of treatment | 74 | 95 |
| TOTAL | 74 | 536 |
| Total number of pupils in schools who are known to have been provided with hearing aids: | | |
| (a) in 1966 | - | 5 |
| (b) in previous years | - | 12* |

* Includes six pupils who are now at Special Schools for the Deaf.

Table 9 (continued)
ORTHOPAEDIC AND POSTURAL DEFECTS

| | Number of cases treated | |
|--|-------------------------|-----------|
| | by the Authority | Otherwise |
| Pupils treated at clinics or out-patients' departments | - | 158 |
| Pupils treated at school for postural defects | 8 | - |

Table 9 (continued)
CHILD GUIDANCE TREATMENT

| | Number of cases treated | |
|--|---------------------------------------|-----------|
| | in Authority's Child Guidance Clinics | Elsewhere |
| Number of pupils treated at Child Guidance Clinics | - | 185 |

We are fortunate to have the services of Dr. Simmons and his staff of the North Wales Child Guidance Service carrying out regular sessions in Flintshire. These are held at Mercier House, Rhyl, where good facilities are available for them, and Shotton, where the accommodation is completely inadequate. It is hoped that a suitable annexe may be provided before long to ease the difficulties there.

At each session, the Psychiatrist, Educational Psychologist, Psychiatric Social Workers, attend, and space requires to be available so that simultaneous interview and consultation can be carried out with parents and children and other persons concerned. Adequate playroom facilities are also essential for both diagnostic and therapeutic reasons.

The appointment of Mr. E.V. Jones, Educational Psychologist for the Flintshire area during the year was a welcome event. Since his predecessor left, the county had been many months without such help and the loss was keenly felt.

I should like to thank Dr. Simmons, Director of the North Wales Child Guidance Clinic and his staff for the ready and courteous help and guidance which his Department make available to us in dealing with many complex school problems.

Extracts from Dr. Simmons' report are given below:-

The responsibilities of your Committee as guardian and guide for the psychiatric hospital and out-patient clinic services in the North Wales area will, in the near future, pass to the three New Hospital Management Committees. The administration of the Child Guidance Clinics will be taken over by the New Clwyd and Deeside Hospital Management Committee.

The existence now of a comprehensive and integrated Child Guidance and School Psychological Service in the six counties owes much to your foresight and your tolerant approach to matters which are the professional concern of your clinical staff. I am deeply conscious of the debt I owe you and your Committee's Officers for ready support and constant encouragement over the years since my appointment as Medical Director.

This is the sixteenth Annual Report on the work of the Clinics which I have had the privilege of presenting to you. One cannot but regret that many old ties will have to be broken. I trust however that you will feel no cause for sadness when so much has been achieved.

1. SUMMARY STATISTICS

During 1966 we received 414 new "clinical" and 643 new "educational" referrals.

The increase over 1965 of 27 and 22 respectively for the two groups is seen to have been small.

We could take up 347 clinical and all 643 educational referrals and continue the treatment of, or follow up, a further 205 children already on our files.

This total of 1,195 individual children involved members of our clinic staff in 7,013 interviews - a considerable rise from 4,980 during 1965.

A broad breakdown of these figures is appropriate here:-

Table 1

| 1. Attendance at Clinics | New | Further | Total |
|--|-----|---------|-------------|
| (a) Psychiatrists - Children | 330 | 1499 | 1829 |
| Parents/Guardians | 299 | 1099 | 1398 |
| (b) Psychologists - Children | 272 | 306 | 578 |
| Parents/Guardians | 5 | 6 | 11 |
| (c) Social Workers - Parents/Guardians | 343 | 1714 | 2057 |
| 2. Visits to Homes - Social Workers | | | 326 |
| 3. Examinations at Schools - Psychologists | 643 | 171 | 814 |
| TOTAL: | | | <u>7013</u> |

NB The previous figures do not include any reference to treatment received by children during their residence at Gwynfa.

2. GENERAL DISCUSSION

Method of Practice in Clinical Work

This has not changed in any material respect over the years. We employ the "team approach", psychiatrists, psychologist and psychiatric social worker joining to bring their specialist knowledge and skills to bear on presenting problems, as may seem most appropriate in any given "case" or set of circumstances.

In this, we express our belief (i) that the emotional difficulties of children are multi-factorial in origin (ii) that comprehensive investigations have to be carried out, to cover child family and wider environment and (iii) that it can be only rarely, if ever, desirable or profitable for one worker on his own to attempt to deal with diagnostic and therapeutic measures.

To accept the team principle does not, at the same time, mean that we adhere rigidly to a routine and call in the three specialist workers in every instance. Circumstances determine our practice. If the needs of the case demand it only one of us may see either child or parent or both. The knowledge that our colleagues are available, for discussion or consultation if required, is most important and reassuring then to all of us.

It is one of the great attractions, and compensations, for workers in Child Guidance that no one need feel isolated or compelled to take over tasks beyond their ken.

In general, when there is any doubt as to the exact nature extent or cause of a child's disturbance we would insist on a "full diagnostic". Time spent to dispel uncertainty is well spent. Treatment which may occupy a dozen hours only, but frequently much longer periods of time, is obviously much more expensive in time and effort, than even extended diagnostic examinations can be.

On this theme, without wishing to encourage additional referrals, I would nevertheless feel obliged to say to anyone contemplating referral: when in doubt, and you have hung on a while: refer.

Gwynfa Residential Clinic, Colwyn Bay

Gwynfa functions as a centre for the investigation and treatment of emotionally seriously disturbed children, with accommodation for 25 boys and girls, normally aged between 5 and 13. The work of the establishment is discussed in some detail later.

Liaison with other Agencies

A number of professional agencies, for identical or different reasons, deal with the children referred to our clinics. All are working under pressure. All are obliged, as a matter of self preservation and in the interest of their charges, to make the best possible use of their resources. These considerations apply to us in no lesser measure, and sound lines of communication are of the utmost importance.

It is fortunate then that North Wales has a social pattern, or social workers, or both, to permit contacts becoming informal readily, and increasingly effective in consequence.

We are dependent on the good offices of many officials and field workers on innumerable occasions. We recognise that they may have to carry cases for many years where our contacts are relatively brief. Not infrequently they and we are involved in making decisions affecting the short and the long term well being of families. There can scarcely be a contact between us which is not of some help at some stage.

We have no statistics on telephone calls and letters which serve to keep the lines open. If we had they would, if only by showing the investment in time which is made, stand as proof of the importance we attach to this point.

The table on 'Sources of referral' on page 50 will show at a glance who the main agencies are. The offices of the Principal School Medical Officers stand out as initiating or transmitting most of the clinical referrals we receive. They play a similar role in the referral of children for educational difficulties and here they and we co-operate very closely with the Directors of Education, Education Officers and Teachers.

For these reasons we can justifiably claim that the clinic and the psychological services for schools are integrated; no mean achievement when we recall that six counties are involved.

Children's Officers, in the nature of things, have responsibilities towards many children from unhappy homes and themselves troubled. The staffs of their Homes not infrequently have to deal with problems of considerable size. The children concerned do not basically differ from many referred to us from other sources, and it is right and proper that a fair proportion of them should reach us.

It may be of interest here to say that it is open to Children's Officers to refer children coming into "long term care" for assessment. In the ordinary course of events a psychologist examines the child and forwards his comments as likely to be of interest and assistance to his guardians. A copy of test findings and observations is sent to the child's or the Home's

General Practitioner and to the Principal School Medical Officer. They and the Local Medical Officer of Health have previously been informed by the Children's Officer of the intended referral and they can often make important information available.

If necessary, the psychologist initiates further action. This could include a request for one of the clinic social workers to obtain a social history on the lines we normally follow. If thought desirable a psychiatrist would also see the child. Treatment if indicated could involve workers from both services in close co-operative effort.

Meetings between our social workers and the staffs of the Departments are held to be the best means by which to ensure that the most economical use is made of everyone's time and talents.

3. PSYCHIATRIC SOCIAL WORK SERVICE (Report by Miss B. Hamer, Psychiatric Social Worker)

The Department is staffed by four full-time and two part-time social workers.

Mrs. Ford Thomson has been a member of the clinic staff for seven years.

Mrs. Bott and I hold the Certificate in Psychiatric Social Work.

Mrs. Binks, Mrs. Scott and Mrs. Wolfenden are qualified, and have had extensive experience, as Children's Officer, Marriage Guidance Councillor, and Probation Officer respectively. It was recognised that workers coming from different fields would require a reasonable period of time to become familiar with the work of the clinics and it was hoped that they would then be able to make an important contribution to our work. Events have proved this to be so.

Mrs. S. Mundle, Social Worker at our Bangor Clinic for many years, left in February, and is now studying for an Honours Degree in Psychology at University College Bangor. We wish her well.

Social Workers work closely with their colleagues. When children are seen initially, for diagnostic assessment, the social worker interviews one or both parents to obtain a history of the child's development, the family structure and relationships within this, the problem as seen, etc. Her information and the data and impressions obtained by the psychiatrist and the psychologist are discussed to formulate a diagnosis. Further interviews may be arranged to gain additional knowledge and if a child is accepted for treatment the social worker will again see the parents. The aim then is to help them to gain a fuller understanding of the nature of the child's difficulties and the part they may play in less-

ening these. During the course of treatment the best possible liaison is maintained with other social agencies and meetings arranged as may be necessary.

Social Workers also keep in close touch with the parents of children under treatment at Gwynfa, to help towards their return to their families. With the same objective in mind and to enable them to exchange up-to-date information they also discuss matters with Mr. Henley, Principal of Gwynfa.

A number of student social workers have visited the clinics and Gwynfa during the year. Mr. D. Rattray, a Mental Welfare Officer for five years and now a second year Certificate in Social Work student at Liverpool, spent six months with us on three days each week, doing supervised case work. His high standard of work and enthusiasm made him a valuable co-worker and he gained useful insight into case work from a different angle.

It is intended to offer practical work experience to students from Mental Health Courses. Due to the considerable increase in training courses Colleges experience difficulties in finding suitable placements and we are glad to offer what facilities we can. If we proceed with care, as we intend to do, the gain is not by any means likely to be one sided. Students, many with previous experience in different fields of activity, can add interest to our own work and help impose a healthy discipline on the teaching which normally goes on at clinics and in numerous case discussions.

In relation to this, I am obliged to the Management Committee for allowing me leave to attend monthly supervisors' meetings at Liverpool College of Commerce.

During the latter months, we have been able to establish regular meetings with the staffs of some Children's Homes. We hope to extend this contact which could be of high preventive value.

Close co-operation between all members of the Gwynfa and Clinic staffs is essential. Being based on the Colwyn area I have attempted to reduce the number of gaps in communication which inevitably appear in the course of day to day work. I have also been responsible for re-arranging the programme of lectures for our trainees in residential Child Care. Professor T.R. Miles and lecturers from his Department and the Department of Education have been most helpful. In the coming year we shall have the assistance also of a lecturer from the Department of Social Studies.

With the increase in numbers of social workers we have also been able to establish better contacts with health visitors, general practi-

tioners, and on a few occasions with the staffs of infant welfare clinics. These are growth points which well warrant all the attention we can give them.

B. Hamer, SRN, SCM, APSW

4. PSYCHOLOGICAL SERVICES

(Report by Mr. W.E. Moore, Principal Psychologist)

(a) Service to the schools of the six Counties

The policy remains that of providing as expert a diagnostic service as possible for investigating the needs of children who are failing in learning or adjustment to school.

The School Psychologist, trained to assist teachers to secure the best educational provision and remedial methods for such children, and having had classroom teaching experience himself, can also relate his findings to the reality situation at a practical level.

Three of the five Psychologists involved in the work in schools are Welsh speaking.

There has been further development of the work during the past year.

With the full availability of the services of Mr. B.G. Meredith, BSc, it has been possible to augment the provisions initiated by Mrs. de Hutiray and to offer a fairly adequate service of assessment to the schools of Montgomeryshire. The County Authorities are linking this development with an expansion of their facilities for remedial teaching.

In Merioneth, the service to the schools has been largely handed over by Mr. Edwards to Mr. Meredith and the latter is assisting the County Authorities with the preparation of a regular survey of ability in the Junior Schools.

In Flintshire, the appointment of Mr. E.V. Jones, BSc (Econ) from 4th July, 1966 has enabled a full School Psychological Service to be recommenced.

In Denbighshire, Mrs. de Hutiray has continued her work centred on the Wrexham area. The Service has benefited greatly by the expansion of the Authority's Remedial Teaching Service with which close liaison has been established.

The work in Caernarvonshire is now receiving the almost full-time

attention of Mr. J.B. Edwards, MA, Dip Ed Psych, who has been relieved of some other responsibilities.

Unfortunately it has so far been impossible to appoint the fifth Educational Psychologist based at Bangor and this has rather restricted the service which could be given to the Anglesey Authority, although their Annual Survey of the needs of retarded children in the Junior School was carried out as usual during the early part of the year.

With an increasing number of people involved in the provisions for handicapped children within the educational system, the need for close liaison with colleagues becomes evermore important. In the North Wales Counties, the Principal School Medical Officers are taking steps to co-ordinate the work of ascertaining the needs of these children and the Educational Psychologists regard themselves as being fully integrated with this. They also give any help which their qualifications and experience may provide to the Directors of Education, in their task of expanding in the provision of special educational facilities.

(b) Service to the Clinics and Gwynfa

The role of the Psychologists, generally working as members of clinic teams, has continued to be that of the application of objective techniques of assessment.

In addition, it has been possible for those Psychologists who are suitably experienced to contribute to therapeutic work.

In the latter connection at Gwynfa we are glad that Mr. N. Cheshire, MA, BLit of the University College, North Wales, has continued to spend two sessions a week at Gwynfa, combining research and therapy. He is investigating the family-structures of children and their perception of intra-family relationships, with the aim of relating these to personality-features discernible from a projective test. The methods being used are the Bene-Anthony Family Relations Test and the Symmond Picture-Story Test. He is seeing a small number of children for individual play or psychol-therapy each week.

(c) Service in Hospitals

During the year, a considerable amount of work was carried out in the Hospitals of North Wales by the Psychologists attached to the Child Guidance Service, particularly as a result of the post of Psychologist at the North Wales Hospital remaining vacant.

Assessments carried out, numbered:-

| | |
|---------------------------|---|
| North Wales Hospital: 115 | Other Hospitals (mainly subnormality): 17 |
| <u>Total: 132</u> | |

It has always been the policy of this Service to utilise the service of both Clinical and Educational Psychologists to the best advantage and on occasions Educational Psychologists with knowledge of particular techniques have helped with the work in Hospitals, just as the Clinical Psychologists, particularly the Principal Psychologist, continue to assist regularly in the schools.

In order to help the Hospitals further, it seemed likely that posts in this field would be more attractive and more likely to be filled if further integration of the services took place and if a full scheme of training for Probationer Clinical Psychologists could be offered in the area. After discussion with the University College of North Wales, it seemed that the institution of a University Diploma Course in Clinical Psychology was still a long way off, and, therefore, as a first step, the Child Guidance Service and the North Wales Hospital joined in the introduction of a full in-service training scheme for Clinical Psychologists, with the assistance of the Department of Psychological Medicine, Liverpool University, where the trainee Psychologists will attend for lectures one day per week.

The advertisement of this scheme had an immediate response, and resulted in the appointment of Miss B. Meyer, BSc from 1st October, 1966 to the first in-service training post based in North Wales Child Guidance Service and later, following the resignation to return to teaching of Mr. J. Leppington of Mr. K. Sumitran, MA, based at North Wales Hospital.

There is no doubt much useful work which could be tackled in other hospitals, particularly Subnormality Hospitals and in Paediatric Departments if further appointments could be made. In the meantime, the intention is to give as full a service as possible of diagnostic testing and to encourage the development of the use of psychological techniques in treatment and rehabilitation, and of research.

It is important that the nature of the services offered should be as widely known as possible. To this end every opportunity is taken by the psychologists to speak to groups of teachers, parent-teacher associations, and to students at training colleges. Regular lectures are now given at Bangor Normal and St. Mary's Colleges.

W.E. Moore, BSc

Gwynfa School

The school, now firmly established, is making an increasingly valuable contribution to the work of Gwynfa, under the guidance of Mr. D. Davies, Headmaster. He has kindly permitted me to quote the following from a comprehensive report which he has written on the school's development, its present work and his expectations for the future.

"The school aims to fill an educational role within the broader structure of Gwynfa, and its objectives might be outlined as follows:-

(i) The acceptance of a child, within reasonable limits, into the school environment - regardless of past attitude to school or present emotional difficulties provided they are not of such nature as to be detrimental to the progress of the child or the group.

(ii) Development of abilities: verbal communication, tactile development, social development.

(iii) Development of confidence in all aspects of work - finding the child's present needs and abilities and re-enforcement of these with gradual demands upon requirements.

(iv) Development of learning through craft: the completion of satisfactory models and their appreciation as a concrete achievement on which to develop.

(v) Remedial Teaching - remedial work based on apparent ability - re-enforcement and progression.

(vi) Provision of more advanced work when required - maintaining work standards and interests of those amenable to such work, yet be prepared and cater for regression.

(vii) Individual teaching within group surroundings - this would appear to be of extreme importance as shown by excessive demands of many children on the teacher's attention. For this reason the group has to be sufficiently small to be effective and yet not so small as to make a child feel "spot-lighted".

(viii) Individual teaching outside the group.

Success is not measurable in terms of rise in attainment quotients - this is due largely to the short-stay policy of the clinic. However success can be estimated by an increased social adaptability, increased educational ability lessening of emotional difficulties, a different attitude to the school situation. This latter would prove invaluable in instances of school refusals or resistance to education in other schools....

For a successful utilisation of the school in Gwynfa a number of aspects must be considered.

The physical structure is inadequate at present. Though the promised erection of a small room, in the near future, will be a welcome addition, there still remains the problem of adequate catering for school needs. A minimal requirement would be that of an additional classroom

for infant requirements - for children of the appropriate age range and also for use by older children who would benefit far more by a controlled admittance via such a room into a more stable environment where progressive remedial (in its widest concept) educational work could develop within group situations. The addition of a "craft" room especially, though not solely, for use with the older children is of equal importance. The addition of these rooms would be an invaluable asset.

Equipment: To cater for the needs of these children, especially when taking into consideration age, ability and sex differences, requires a considerable amount of apparatus and material which makes the cost per-capita considerably greater than in the ordinary school. Initial expenditure on first sight might seem high, but equipment could be used to advantage with many children especially under the system of "short-stay" policy of the clinic.

Staff: One would wish to obtain further staff working with and for the children - to extend further individual teaching and widen experiences. In comparison with the 'house' staff the teaching staff is but small. An increase would offer greater opportunities for the children.

The unique quality of close co-operation between the Child Guidance Service and the Education Authorities, warrants, I would suggest, these observations being given serious consideration.....

I take this opportunity to express my appreciation of the valuable help given to me by Miss A. Stevens, Organiser for Remedial Education, Denbighshire Education Committee, and of the tolerance, assistance and co-operation shown to the school staff by the staff of the clinics, and, in particular, by the "house" staff. My appreciation and thanks are also extended to Mrs. Edwards and Mr. Lomax for their ready and willing assistance in maintaining progressive work in the school.

The following table gives the numbers of admissions and discharges since the opening of Gwynfa.

| | 1962 | 1963 | 1964 | 1965 | 1966 | Total |
|--------------------------|------|------|------|------|------|------------|
| Admissions | 17 | 14 | 12 | 25 | 36 | 104 |
| Re-admissions | 2 | 4 | 5 | 2 | 3 | 16 |
| <u>Total Admissions:</u> | | | | | | <u>120</u> |
| Discharges | 12 | 12 | 13 | 22 | 34 | 93 |
| <u>Total Discharges:</u> | | | | | | <u>93</u> |

- Note:
- (1) 34 children were in residence on 31: 12: 1966.
 - (2) 2 day patients are included in the above figures.
 - (3) 1 patient attended on two afternoons.

E. SIMMONS

STAFFING

The position as it is expected to be on 1st April, 1967.

A. Clinical

| | |
|----------------------|--|
| Dr. E. Simmons | Medical Director and Consultant Psychiatrist |
| Dr. J.A. Williams | Senior Registrar in Psychiatry |
| Dr. G.J. Pryce | Registrar in Psychiatry |
| Dr. U.E. Batt | Clinical Assistant, maximum part-time |
| Mr. W.E. Moore | Principal Psychologist |
| Miss B.J. Meyer | Probationer Clinic Psychologist, (joined 1: 10: 66) |
| Mr. J.B. Edwards | Educational Psychologist |
| Mrs. R.M. de Hutiray | Educational Psychologist |
| Mr. B.G. Meredith | Educational Psychologist |
| Mr. E.V. Jones | Educational Psychologist (joined 4:7:66) |
| Mr. N. Cheshire | Therapist, part-time |
| Mrs. V. Ford Thomson | Social Worker |
| Mrs. D.P. Wolfenden | Social Worker |
| Mrs. D.M. Binks | Social Worker, part-time |
| Mrs. M. Scott | Social Worker, part-time |
| Miss B. Hamer | Psychiatric Social Worker (joined 21:2:66) |
| Mrs. E. Bett | Psychiatric Social Worker (joined 9:11:66) |

B. Secretarial

| | |
|---------------------|------------------------|
| Mrs. D. Roberts | Secretary |
| Mrs. M. Whittingham | Shorthand-Typist/Clerk |
| Miss E. Davies | Shorthand-Typist/Clerk |
| Miss D.E. Waters | Shorthand-Typist/Clerk |
| Miss A. Jones | Shorthand-Typist/Clerk |

C. Gwynfa

| | |
|---------------------------|------------------|
| Mr. O.T. Henley, SRN, RMN | Principal |
| Mr. E. Williams, SRMN | Deputy Principal |

Three Staff Nurses complete the permanent day staff.

Two Nurses are on duty at night.

The establishment also includes workers in training. There were 6 first year and 4 second year students during 1966.

D. Gwynfa School

Mr. D. Davies

Head Teacher

Mrs. E.F. Edwards

Assistant Teacher

Mr. J.P. Lomax

Assistant Teacher (joined 1: 9: 66)

NORTH WALES CHILD GUIDANCE CLINICS

Number of Flintshire Children and Parents interviewed during 1966

| Clinics | Number of individual children seen | A T T E N D A N C E S | | | | | | | | | |
|---|------------------------------------|-----------------------|---------|-----|-----|--------------|---------|-----|---|---------|---------|
| | | Psychiatrist | | | | Psychologist | | | | P. S. W | |
| | | First | Further | | | First | Further | | | First | Further |
| | | C | P | C | P | C | P | C | P | P | P |
| Rhyl | 67 | 40 | 29 | 97 | 73 | 38 | - | 108 | 3 | 42 | 175 |
| Shotton | 50 | 23 | 25 | 141 | 59 | 22 | - | - | - | 29 | 176 |
| Colwyn | 2 | 3 | 1 | 1 | 2 | 1 | - | - | - | 2 | 3 |
| Wrexham | 12 | 7 | 10 | 33 | 15 | 7 | - | 4 | - | 10 | 37 |
| Assessed at schools by Educational Psychologist | 54 | - | - | - | - | 54 | - | - | - | - | - |
| | 185 | 73 | 65 | 272 | 149 | 122 | - | 112 | 3 | 83 | 391 |

Number of Children and Parents from other Counties seen at Flintshire Clinics:-

| | | | | | | | | | | | |
|-----------------------|----|----|----|----|----|----|---|---|---|----|----|
| Rhyl: Denbighshire | 21 | 14 | 10 | 47 | 27 | 13 | - | 5 | - | 16 | 53 |
|-----------------------|----|----|----|----|----|----|---|---|---|----|----|

* 'C' - Child, 'P' - Parent or guardians
P.S.W. - Psychiatric Social Worker.

Number of Visits during 1966

| Psychiatric Social Workers Home Visits | Visits to other Social Workers | Psychologists School Visits and Visits to other Workers |
|---|-----------------------------------|---|
| 138 | - | 95 |

Number of Flintshire referrals received during 1966

| Name of Referring Agency | Number of Referrals |
|--|---------------------|
| School Medical Officer | 48 |
| General Practitioners | 18 |
| Consultant Paediatricians | 10 |
| Other Medical Specialists | 1 |
| Courts and Probation Officers | 7 |
| Other Social Workers | 1 |
| Parents | 3 |
| Children's Officers | 8 |
| Schools & Education Officers | 4 |
| Number of Referrals dealt with by Educational Psychologists | 54 |
| TOTAL | 154 |
| Waiting list on 31st December, 1966 | 20 |

Speech Therapy: The Authority now employs two speech therapists, Mrs. R.E. Ward, part-time and Miss G. Roberts full-time who, in addition to attending the regular weekly speech therapy clinics, made special visits to a number of schools in the Maelor District.

Table 9 (continued)
SPEECH THERAPY

| | Number of cases treated | |
|--|-------------------------|-----------|
| | by the Authority | Otherwise |
| Number of pupils treated by Speech Therapists | 689 | - |

REPORT OF WORK CARRIED OUT IN SPEECH THERAPY CLINICS DURING 1966

| | | | | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| Cases dealt with | ... | ... | ... | ... | ... | ... | ... | ... | 649 |
| Current cases | ... | ... | ... | ... | ... | ... | ... | ... | 489 |
| Discharges | ... | ... | ... | ... | ... | ... | ... | ... | 160 |

Analysis

Dyslalia:

| | | | |
|--|-----|-----|-----|
| Articulatory deviations inclusive of Dysarthria, Verbal Dyspraxia and Malocclusion of Teeth | ... | ... | 236 |
|--|-----|-----|-----|

| | | | | | | |
|---------------------------------------|-----|-----|-----|-----|-----|-----|
| <u>Retarded language development:</u> | ... | ... | ... | ... | ... | 166 |
|---------------------------------------|-----|-----|-----|-----|-----|-----|

| | | | | | | | | |
|------------------------|-----|-----|-----|-----|-----|-----|-----|---|
| <u>Cerebral Palsy:</u> | ... | ... | ... | ... | ... | ... | ... | 6 |
|------------------------|-----|-----|-----|-----|-----|-----|-----|---|

| | | | | | | | | | |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|----|
| <u>Stutter:</u> | ... | ... | ... | ... | ... | ... | ... | ... | 47 |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|----|

| | | | | | | | | | |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|---|
| <u>Clutter:</u> | ... | ... | ... | ... | ... | ... | ... | ... | 3 |
|-----------------|-----|-----|-----|-----|-----|-----|-----|-----|---|

Hyperrhinolia:

| | | | | | | |
|-------------------------------|-----|-----|-----|-----|-----|---|
| Diagnosis under investigation | ... | ... | ... | ... | ... | 4 |
| Cleft palate | ... | ... | ... | ... | ... | 4 |
| Soft palate inadequacies | .. | ... | ... | ... | ... | 4 |
| Deep cropharynx | ... | ... | ... | ... | ... | 1 |

| | | | | | | | | | |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|---|
| <u>Alalia:</u> | ... | ... | ... | ... | ... | ... | ... | ... | 4 |
|----------------|-----|-----|-----|-----|-----|-----|-----|-----|---|

| | | | | | | | | | |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|---|
| <u>Dysphonia:</u> | ... | ... | ... | ... | ... | ... | ... | ... | 2 |
|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|---|

| | | | | |
|---|-----|-----|-----|----|
| <u>Under observations in school every six months:</u> | ... | ... | ... | 12 |
|---|-----|-----|-----|----|

489

Discharges:

| | | | | | | |
|-----------------------------------|-----|-----|-----|-----|-----|----|
| Articulatory group (Dyslalia) | ... | ... | ... | ... | ... | 63 |
| Retarded language development | ... | ... | ... | ... | ... | 24 |
| Stutter | ... | ... | ... | ... | ... | 14 |
| Voice disorder | ... | ... | ... | ... | ... | 1 |
| Treatment unnecessary | .. | ... | ... | ... | ... | 44 |
| Non attendance at first interview | ... | ... | ... | ... | ... | 14 |

160

Analysis of Discharges

Dyslalia

| | |
|---|----|
| Speech normal... | 48 |
| Speech improved but:- | |
| (1) Family moved | 3 |
| (2) Attendance too erratic to benefit further | 9 |
| (3) Parents objected to treatment | 3 |

Retarded language development

| | |
|---|----|
| Speech normal... | 17 |
| Speech normal considering mental level of functioning generally | 5 |
| Speech improved but:- | |
| (1) Family moved | 1 |
| (2) Child transferred to another therapist | 1 |

Stutter

| | |
|--|---|
| Speech normal... | 8 |
| Speech improved but:- | |
| (1) Left school | 3 |
| (2) Moved out of area | 1 |
| (3) Speech manageable, stutter appears only under stress | 2 |

Voice disorders

| | |
|------------------|---|
| Speech normal... | 1 |
|------------------|---|

Treatment unnecessary 44

Non attendance at first interview 14

160

| | |
|---|------|
| Total new cases seen | 174 |
| Total attendances throughout the County | 3738 |
| Visits to Schools | 180 |
| Domicilliary Visits... | 44 |
| Sessions at Greenfield Training Centre | 7 |
| Sessions at Tirionfa Training Centre | 9 |

During 1966, speech therapy clinics have been held at Shotton, Connah's Quay, Prestatyn, Rhyl, Holywell, Mold, Buckley and Saltney. Visits have been made to the schools of the Maelor district on a clinical basis, at Bangor-on-Dee, Penley, Overton, Higher Wych, and latterly at Talarn Green. Also at Dyserth, Rhuddlan, Clwyd Street School, Rhyl, and some sessions at Hope and Trelogan schools.

Clinical attendances on the whole have been very satisfactory, apart

from the defaulting few. There is an increasing tendency for the therapists to undertake more parent counselling as part of the treatment, and this particularly applies to the younger child and potential or early stutterers, as with the correct handling and stimulation of language development, later trouble can often be avoided. The therapists believe that this is of increasing importance and the results lead them to be of the opinion that they would like this to develop further, perhaps to include talks on speech and language, including normal development, both in schools and to parents, where possible. One successful talk was given on 'Normal Speech Development' to a group of parents at Flint County Primary School, which was organised by the Headmistress, Miss Richards, who is particularly keen that parents should be aware of the importance of speech development.

Throughout the county the therapists have found tremendous interest in speech and language problems, among the teaching staff, and their help has been greatly appreciated. The increasing exchange of views between teachers and therapists, can do nothing but benefit the children concerned. The therapists believe that the integration of their service into the educational system, is of the utmost importance. May their thanks be expressed here to all the teachers with whom they have had contact, and especially for the hospitality extended to them by the heads of schools.

Contact with General Practitioners is certainly increasing, but a lot more could be done in this way, to improve the integration of all aspects of the work in the speech and language problems.

Both therapists had a very interesting day at the Department of Audiology, Manchester University, observing the methods of selection and treatment of the deaf and communication disordered children.

Looking forward to the future, the therapists would like to see more opportunities for widening the service generally, and possibly opening up the methods of intensive therapy on a larger scale than is at present possible.

In closing, Miss Roberts and Mrs. Ward would like to extend their sincere thanks to all the staff of the Education and Public Health Services for their great interest and help, particularly to Dr. G.W. Roberts, who gives us his unfailing support in all our problems. Also to Mr. Trevor Jones, who's help is much appreciated, its excellence increases year to year, and to Mrs. Hutton for clerical assistance.

RUTH E. WARD, LCST

I should like to thank Dr. M. McLean, Consultant Paediatrician, Clwyd and Deeside Hospital Management Committee, for her helpful reports during the year on school children under her care, and also to Professor Miles of the North Wales University of Bangor for the very specialised help he has given during the year with children we have found to be suffering from Specific Dyslexia (word blindness).

Table 9 (continued)

OTHER TREATMENT GIVEN

| | Number of cases treated | |
|---|-------------------------|-----------|
| | by the Authority | Otherwise |
| (a) Miscellaneous minor ailments | 170 | 60 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | 3 | - |
| (c) Pupils who received B.C.G. vaccination | 1344 | - |
| (d) Other:- | | |
| (1) Lymphatic glands | 6 | 14 |
| (2) Heart and circulation | 1 | 11 |
| (3) Lungs | 2 | 38 |
| (4) Development | 37 | 30 |
| (5) Nervous system | 3 | 24 |
| TOTAL (a) - (d) | 1331 | 116 |

Dental Inspection and Treatment: In addition to the statistics that follow, I have pleasure in appending the report of Mr. Fielding, Principal School Dental Officer.

Table 10

DENTAL INSPECTION AND TREATMENT

1. Attendances and Treatment:-

| | |
|--|-------|
| First Visit | 7852 |
| Subsequent visits | 6804 |
| Total visits | 14656 |
| Additional courses of treatment commenced | 825 |
| Fillings in permanent teeth | 7857 |
| Fillings in deciduous teeth | 2928 |
| Permanent teeth filled | 7176 |
| Deciduous teeth filled | 2696 |
| Permanent teeth extracted | 2272 |
| Deciduous teeth extracted | 6852 |
| General Anaesthetics | 4116 |
| Emergencies | 1231 |
| Number of pupils X-rayed | 148 |
| Prophylaxis | 758 |
| Teeth otherwise conserved | 987 |
| Number of teeth root filled | 17 |
| Inlays | 2 |
| Crowns | 21 |
| Courses of treatment completed | 5435 |

2. Orthodontics

| | |
|---|-----|
| Cases remaining from previous year | 238 |
| New cases commenced during year | 133 |
| Cases completed during year | 127 |
| Cases discontinued during year | 20 |
| No. of removable appliances fitted | 90 |
| No. of fixed appliances fitted | 83 |
| Pupils referred to Hospital Consultant | 10 |

3. Prosthetics

| | |
|---|----|
| Pupils supplied with F.U. or F.L. (first time) | 1 |
| Pupils supplied with other dentures (first time) | 29 |
| Number of dentures supplied | 42 |

4. Anaesthetics General Anaesthetics

| | |
|--|-----|
| administered by Dental Officers | 333 |
|--|-----|

5. Inspections

| | |
|--|-------|
| (a) First inspection at school - Number of pupils | 13647 |
| (b) First inspection at clinic - Number of pupils | 3741 |
| Number of (a) + (b) found to require treatment | 11134 |
| Number of (a) + (b) offered treatment | 10342 |
| (c) Pupils re-inspected at school clinic | 801 |
| Number of (c) found to require treatment | 523 |

6. Sessions

| | |
|--|------|
| Sessions devoted to treatment | 2735 |
| Sessions devoted to inspection | 134 |
| Sessions devoted to Dental Health Education | 71 |

REPORT ON THE WORK OF THE SCHOOL DENTAL SERVICE

During the year, in spite of staffing difficulties, we have managed to keep all our dental clinics in service, even though on a reduced basis. This has been to a large extent due to the valuable help we have received from part-time Dental Surgeons, who have not only helped as Dental Officers, but also as Anaesthetists. This present arrangement may only have short-term possibilities, but there is the prospect of recruiting younger dental officers as more qualify from the dental schools.

New equipment has been installed in Prestatyn Clinic, where the amount of work steadily increases from year to year as the school population grows. The clinics at Saltney and Penley have also received new equipment as they have managed for many years with second-hand equipment sent from other clinics.

The Dental caravan has again visited most of the schools in the county where travelling to a static clinic has been difficult, although we still arrange for children to visit a nearby clinic for general anaesthetics.

Orthodontic services continued to be held at Buckley and Prestatyn. The Regional Hospital Board have now started their own Orthodontic Service and we have arranged with them for children who live more convenient to their centres at Chester and St. Asaph to receive their treatment within their service.

The majority of the schools in the county received a dental inspection and the attendances for treatment were very satisfactory with fewer broken appointments than in previous years.

General anaesthetic sessions have been held in most of our clinics each week. They have been well supported and we have managed to provide for most of the emergencies which have occasioned. We are very fortunate in having the services of so many able Anaesthetists who we can call on from general practice. Without their assistance it would be necessary to ask for the help of our own Medical Officers.

During the year a considerable amount of time has been spent on Dental Health Education. We are again very much indebted to Mrs. Anderson, our Dental Auxiliary, to Mr. E. Lewis, the County Public Health Inspector for his willing co-operation in showing films on Dental Health in services throughout the county and to the health visitors who have taken every available opportunity to instruct mothers and children in oral hygiene and diet.

Finally, I would like to thank the Headteachers for their co-operation at all times, and to the dental staff for their support during the year.

A. FIELDING,

Principal School Dental Officer

SCHOOL PREMISES

There are 120 Schools in the County of which, at present, there are

| | |
|----|-------------------|
| 5 | Bilateral |
| 5 | Secondary Grammar |
| 39 | Voluntary Primary |
| 60 | County Primary |
| 10 | Secondary Modern |

Many new schools have been built in Flintshire which are exceptionally fine. There are a far greater number of old substandard buildings which are grossly overcrowded with problems of ventilation, lighting and repair generally.

Very great efforts have been made in the past, not only to improve the fabric of these buildings but to improve provisions within them. Only one school now remains without water carriage sanitation, Gwaenysgor. Three schools, Buckley Elfed County Secondary, Carmel C.P. and Rhosesmor C.P. have septic tanks, all other schools have water carriage systems to main sewerage disposal.

Warm water for handwashing has been provided to an increasing number of schools during 1966. This measure, and the installation of laundrycraft towelmaster service has been a major hygienic improvement in schools, improving the standard of cleanliness, helping to reduce the number of skin complaints and diminishing the spread of infection.

Cleanliness varies considerably from school to school, not only of children but of the premises themselves, some are perfection, others are disappointing and fail to match their facilities. It has long been felt that the position of caretaker to a school is a key position of great responsibility, the value of the building and equipment in their care is often very considerable. There should be a regular inservice course of instruction for all caretakers of public buildings so that the very best can be got out of, and put into the service.

After each school medical, routine sanitary inspections of premises are carried out to check sanitary and kitchen arrangements as well as cleanliness. Defects found are reported. These are often followed up

by Mr. E. Lewis, County Public Health Officer, and may be referred to the Director of Education or the County Architect for further action.

I should like to make an urgent plea for more research and consideration to be given in the future design of schools and clinics to noise abatement. Incredible difficulties have to be endured by visiting Medical Staff and their colleagues working against noise in school. The value of specialised tests, be they of hearing, speech, intelligence or medical inspection by stethoscope, are dependent on a quiet background. Work would be facilitated greatly by the provision in all the larger schools of a special medical room, suitably sound proofed and also readily available for any visiting health department staff who require to test children in school under optimum conditions.

Our concern is not only that pupils should work in ideal surroundings but that all persons employed on school premises, whether in classrooms, offices, or kitchen canteens, should have equally good facilities. Unfortunately, many of our kitchen and canteens are in dilapidated buildings in substandard condition, condensation having played havoc with the fabric and fittings.

Much has been done to modernise these, new units and equipment have been installed, redecoration, repair and replanning has been carried out and many kitchens converted from solid fuel cooking methods to the cleaner, more economical Propane gas - but, in spite of these noticeable advances, there is no denying that many of the buildings need rebuilding, in whole or part, and that the best cannot be obtained, nor even expected from the service until the urgent problem of reconstruction is taken in hand. In fairness, one must mention that rebuilding programmes have, of course, been mapped out, that these were held in abeyance because of the financial credit squeeze, meanwhile the urgency of the problem merely becomes more urgent through this delay.

SCHOOL MEALS AND MILK

The School Meals Service provides some 18,740 school meals daily on an average, the total being about 4 million meals a year. It speaks well for the standard of the service that there was only one suspected food poisoning episode reported during the whole of 1966. It is a known fact that the School Meals Service only appears to hit the headlines when infection occurs and it may be suspect, or when a complaint has been ventilated over a particular meal. In truth, it is a good service, the meals served are well planned, varied and nutritious and are enjoyed regularly by members of the Health Staff amongst others.

Close contact is kept between the School Health Service and the School Meals Department, frequent visits are paid to kitchens and canteens, often on an informal basis. Talks are given to staff on matters

of hygiene and food handling. Samples of food taken by Mr. E. Lewis, County Public Health Officer, during 1966, were reported as satisfactory, on both chemical and bacteriological tests. Supervision of the transport and unloading of food stuffs was also undertaken, the attention of the contractors for school meat was drawn to the condition of their delivery van, and as a result improvements were carried out in the methods of stacking of food containers for meat delivery.

19,300 pupils out of 27,708 in Flintshire Schools took advantage of the daily issue of free milk. Children attending the secondary schools being the most likely to refuse this provision, Of 9,939 Secondary School pupils only 4,129 took milk regularly.

All milk supplied to schools is pasteurised and issued in a third of a pint bottles. Samples of milk are taken at weekly intervals for both chemical and bacteriological analysis. All samples taken passed both the keeping quality and chemical testings.

Complaints from two schools that fragments of glass were found in milk bottles were investigated immediately. It was found in each case that the bottles had been damaged by rough handling during delivery.

The main dairies have all made complaints in the past, of difficulties they experience in cleaning milk bottles returned dirty from schools. Their work would be facilitated if milk bottles were returned to them rinsed after use at school, and if schools refrained from using milk bottles as receptacles for paints, flowers, etc.

TYPICAL MENU SERVED AT A SCHOOL IN THE COUNTY

| | |
|------------|--|
| Monday: | Corned Beef, salad, bread and butter. Cherry Sponge and custard. |
| Tuesday: | Braised liver and onions, potatoes, carrots. Steamed jam roll and custard. |
| Wednesday: | Roast Lamb, roast potatoes, cabbage. Prune and rice pudding. |
| Thursday: | Steamed fresh haddock, green peas, creamed potatoes. Jelly and Blancmange. |
| Friday: | Braised steak and onions, carrots, potatoes. Gooseberry Tart, custard. |

HEALTH EDUCATION

Perhaps of all the work carried out by the department the effects of Health Education are the most far reaching. It involves the whole busin-

ess of day-to-day living, there are no problems from the trivial to the tremendous which could not be eased or avoided altogether by the observation of simple basic rules of healthy living.

Talks about Health subjects are not sufficient, the first essential is provision of the basic needs, Education to appreciate and obtain the best use of these, then opens up a whole field for more advanced work.

Every Flintshire school has a film strip machine, many have film projectors also. A most excellent supply of films on every aspect of Health Education is made readily available by Mr. Ellis of the Visual Aids Department, to whom this department is rightly grateful. Films include those on Physiology, Environmental Health, Personal Hygiene, Diet, Smoking and Lung Cancer, Care of Feet, Dental Hygiene, Problems of Adolescence, Menstruation, Sex Education, Artificial Respiration, etc. Films are also available from the Commercial Film Libraries. Very good ones have been shown by I.C.I., Heinz, Izal, etc.

Films are always popular. They are much used by the Health Department and also by teachers in schools. During the year, four films were shown in Junior Schools, on Diet, Nutrition, Personal Hygiene and Smoking and these were in addition to school health projects.

During 1966, senior scholars were given sex education talks and films by Dr. Manwell and Dr. Munro. For the first time the girls at a Mold Secondary School took part in the Granada T.V. Series for Schools on "Understanding". This programme was in six weekly showings and was well attended and included discussions on "Growing Up", sex, marriage, family life, friendship etc. A teacher and doctor being present at school for each session. This proved to be most worth while and no doubt this experiment will become a regular part of school Health Education Programmes, augmenting any schemes already being undertaken by school staffs.

Much valuable Health Education is carried out by our Health Visitors, particularly in secondary schools amongst older girls. Many good informal contacts have been made; as well as school visits, talks and films, outings to the clinic, trips to nurseries, visits to nursing homes, etc., have been arranged. Most girls enjoy subjects dealing with nursing, mothercraft and children, and the whole series has been very popular.

As well as school visits, lectures were given during the year at the Flintshire Technical College by members of the Health Department in general subjects for the pre-nursing students, and with special reference to kitchen hygiene to students from the School of Catering.

Social Services groups in school continue to flourish, very many worthwhile projects aimed at helping the aged and the handicapped exist,

young people have done much in home visiting and arranging school events for these.

Monthly displays of Health Education materials are regularly displayed at the Health Department and at various centres and clinics in the county. It is felt that the field of propaganda could be usefully widened if Health Education notice boards could be provided in schools so that special topics could be brought to the notice of pupils.

As always, there was a special display featured at the Flint and Denbigh Show in August 1966. Prevention of Cancer was the theme, with emphasis on the Cervical Cytology service. Work undertaken by physically and mentally handicapped persons was on show, with a photographic display, showing them actually at work in groups.

Our thanks go to all Head Teachers for the kind help that they have extended to us, to Miss P.M. Matthews, to Senior Health Visitors, all Health Visitor and Clinic Nurses for their very willing co-operation during the year, to Dr. Manwell, for his most interesting contribution to Health Education and lastly to Mr. E. Lewis, County Public Health Officer, for the invaluable whole-hearted service he gives, not only in the numerous health projects but in all matters of mutual interest in the public health sphere.

In conclusion, we should all take pride in the generations of workers in the School Health Service who have produced this nation of children blessed with healthy bodies, pride too in the benefits of Education over the years, which has given the young, thinking, discerning minds. There are further horizons, around, above and beyond. We have not yet reached the summit of our achievements, nor the hope of human endeavour. This is not the end, it is only the beginning.

